

Name
in
Full

Norval Wilson Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at **P.G. Co. Md.** ^{Town} **Sligo mill** ^{Road} **Prince George** ^{County} **MARYLAND**

Date of death **1909** ^{Month} **April** ^{Day} **14** ^{Years} **Age 60** ^{Months} **5** ^{Days} **4**

Sex **Male** Color or Race **White** Birth-place **Harpers Ferry**

Occupation **Machinist** Where Residing if not at place of death

Married, Single or Widowed **Married** Name of Wife or Husband **Addie**

Father's Name **James T. Adams** Father's Birthplace **Chs. Co. Md.**

Mother's Maiden Name **Alice Olivia Longdon** Mother's Birthplace **D. C.**

Name of person giving information **Jesse Lee Adams Jr.** How related to deceased **Nephew**

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary **Cerebral Haemorrhage** How long

Immediate **Exhaustion.** How long **60 hours**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician

Address

J. L. Adams
Takoma D.C.

Accident or Suicide?

~~J. Wm Lee~~

L.M. Mooers,
Registrar, Takoma
Park, Montgomery
Co. Md.

Name
in
Full

George Allen

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Cheltenham* Town *Pr Geo* County

Date of death *1909* Month *April* Day *15* Age *74* Years Months *6* Days *8*

Sex *Male* Color or Race *white* Birth-place *Md*

Occupation *Watchman* Where Residing if not at place of death

Married, Single or Widowed *Widower* Name of Wife or Husband *Unknown*

Father's Name *not known* Father's Birthplace *Baltimore*

Mother's Maiden Name *not known* Mother's Birthplace *Baltimore*

Name of person giving information *John B. Pyles* How related to deceased *None*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary *Pneumonia* How long *11 days*

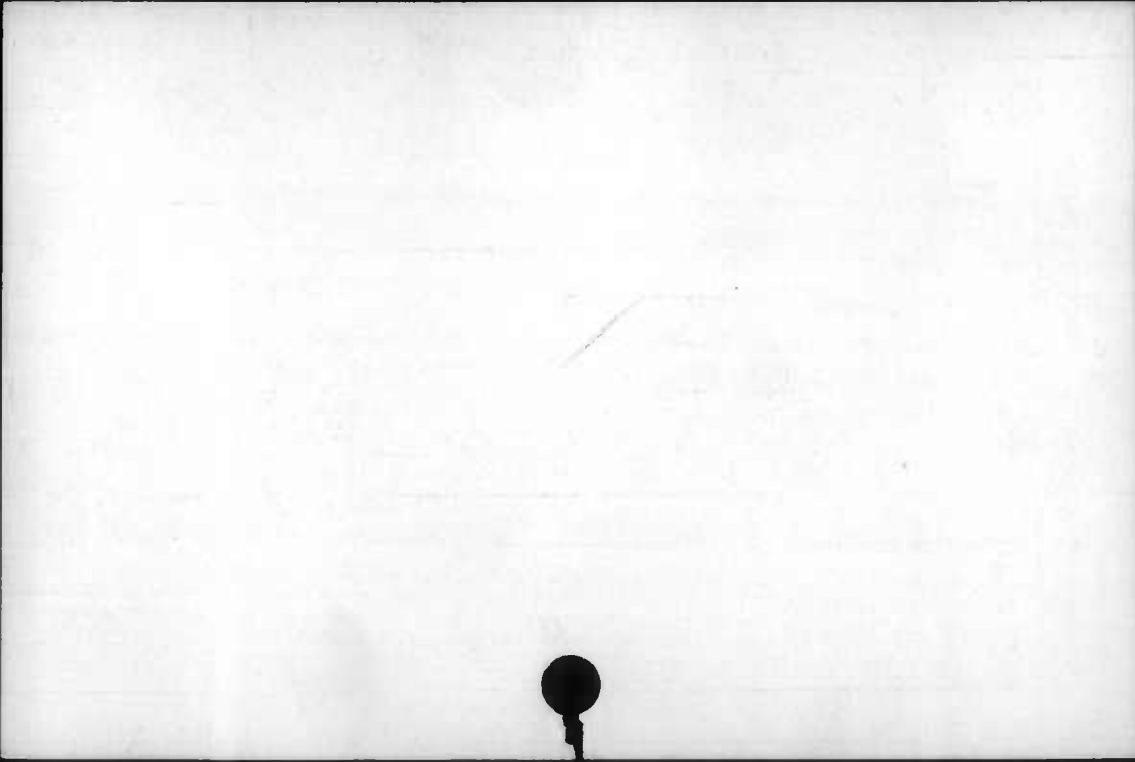
Immediate *As theia* How long *1 day*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. H. Gibbons*

Address *Brown Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Accokeek</i> <i>Pr Geo.</i> County		MARYLAND			
Date of death <i>1909</i>	Month <i>April</i>	Day <i>1</i>	Age <i>69</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Chas. Co. Md.</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jim Amiger</i>				
Father's Name <i>Carroll</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>James Amiger</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Not known</i>	How long <i>3 mos.</i>
Immediate <i>" "</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Hurt</i>
<i>No physician was in attendance.</i>	Address <i>Accokeek, Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

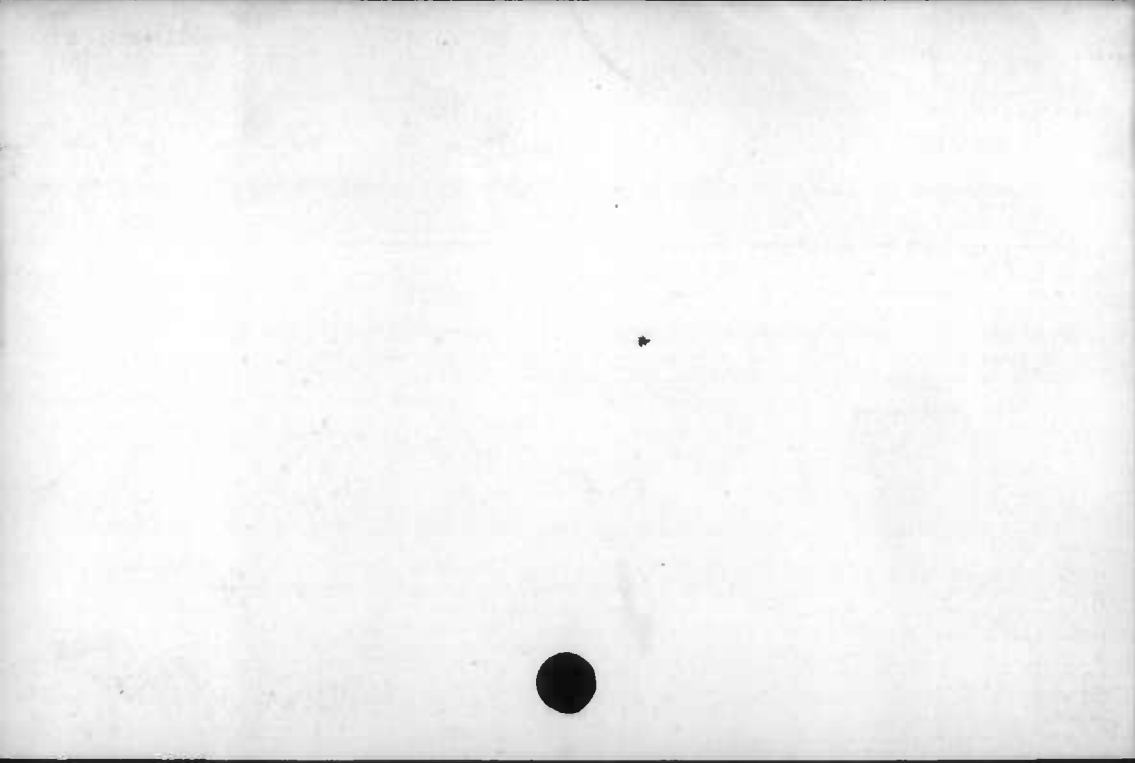
Died at		Town <i>Laurel</i>		County <i>Prince Georges</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>20th</i>	Years <i>76</i>	Months <i>5</i>	Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Marlboro Md</i>			
Occupation <i>Retired Farmer</i>		Where Residing if not at place of death <i>Laurel Md</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Emma Heath</i>					
Father's Name <i>John Thomas Berry</i>		Father's Birthplace <i>Marlboro Md</i>					
Mother's Maiden Name <i>Ann Sophia Smith</i>		Mother's Birthplace <i>P. Georges Co.</i>					
Name of person giving information <i>Mary H. Berry</i>		How related to deceased <i>Daughter</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Chronic Bronchitis from Grippe</i>	How long <i>Two Years</i>
Immediate	<i>General Debility, Heart Failure</i>	How long <i>Ten days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		Address <i>So. In Crownsville Md</i>
Accident or Suicide?		<i>Laurel Md</i>



Name
in
Full

Benz Wesley Bird

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Leeland

Town

County

Date

of death

1909 Apr

Month

Day

12

Age

Years

30

Months

3

Days

Sex

Male

Color or
Race

White

Birth-
place

near Leeland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

—

Father's
Name

Benz L. Bird

Father's
Birthplace

A. A. Co Md

Mother's
Maiden Name

Hodges

Mother's
Birthplace

A. A. Co "

Name of person giving
Information

Mrs. Marie Bird

How related
to deceased

Sister

CAUSES OF DEATH

①

Primary

Typhoid fever

How long

8 weeks

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

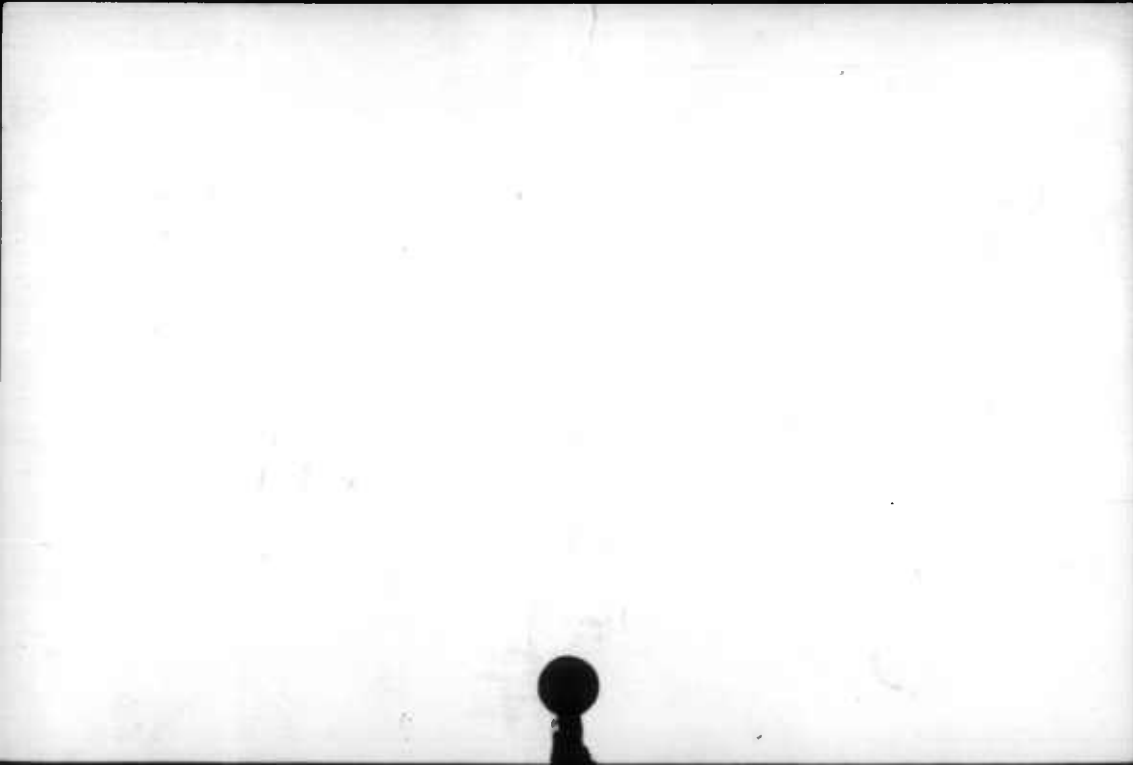
Signature of
Physician

Dr. J. J. Fitch
Upper Marlboro,
Md

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

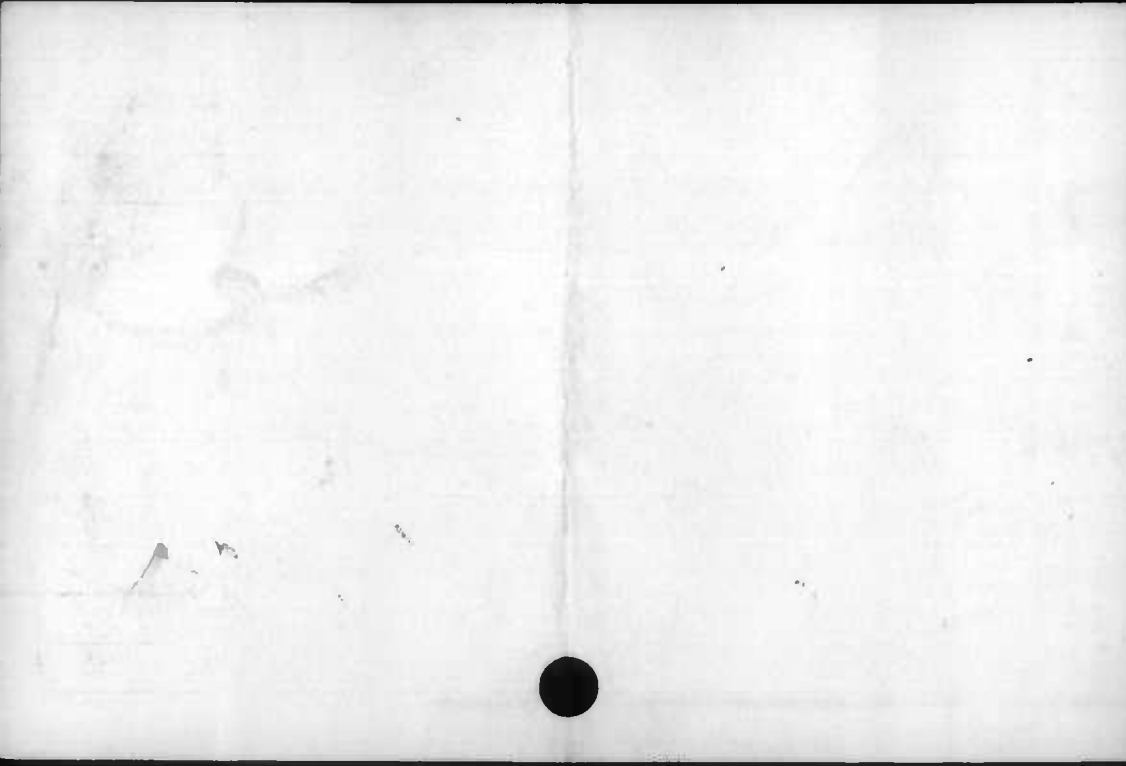
Died at		Town Pusaryville		County Pr Geo		MARYLAND	
Date of death	1909	Month April	Day 12	Age 46	Years	Months	Days
Sex Male	Color or Race Colored		Birth- place Md				
Occupation Teamster			Where Residing if not at place of death				
Married, Single or Widowed Single			Name of Wife or Husband				
Father's Name John A Brown				Father's Birthplace Md			
Mother's Maiden Name Jane Jackson				Mother's Birthplace Md			
Name of person giving Information William Brown				How related to deceased Son			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Bright's Disease	How long	2 years
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. H. Gibbons	
		Address Broom Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Clark*
Town *Largo* County *P. Es Co.* MARYLAND
Died at
Date of death *1909 April 6* Month *April* Day *6* Age *11* Years Months Days
Sex *Female* Color or Race *Colored* Birth-place *Md.*
Occupation *None* Where Residing if not at place of death *—*
Married, Single or Widowed *Single* Name of Wife or Husband *—*
Father's Name *Chas. Edw. Clark* Father's Birthplace *Md.*
Mother's Maiden Name *Anna Brown* Mother's Birthplace *Md.*
Name of person giving Information *Chas. Edw. Clark* How related to deceased *Father*

CAUSES OF DEATH

Primary *Measles* How long *3da*
Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*John C. Samsbury M.D.
Frederick Md.*

Accident or Suicide

*neither*PHYSICIAN
OR CORONER

Charley Berry's
Lewis Cook

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Arthur Cole</i>		Town <i>Upper Marlboro</i>		County <i>P.G.</i>		State <i>MARYLAND</i>	
Died at <i>Upper Marlboro</i>		Date of death <i>1909</i>		Month <i>4</i>		Day <i>15</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Age <i>3</i>		Years <i>3</i>	
Occupation <i>—</i>		Birth-place <i>P.G. Md</i>		Months <i>3</i>		Days <i>—</i>	
Where Residing if not at place of death <i>—</i>				Married, Single or Widowed <i>—</i>			
Name of Wife or Husband <i>—</i>				Father's Name <i>John Chew</i>			
Mother's Maiden Name <i>Joseph Cole</i>				Father's Birthplace <i>P.G. Co Md</i>			
Name of person giving information <i>Frank Cole</i>				Mother's Birthplace <i>St Marys Co Md</i>			
				How related to deceased <i>Grandfather</i>			

CAUSES OF DEATH

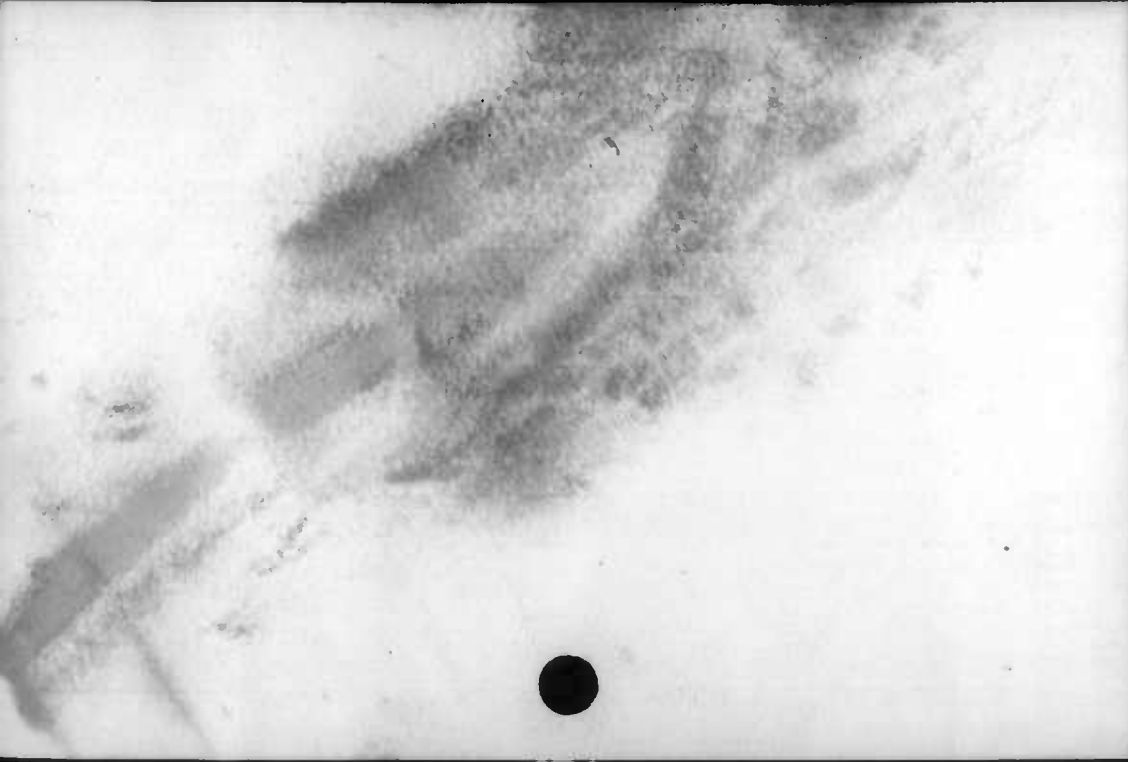
179

PHYSICIAN
OR CORONER

Primary	<i>Don't know</i>	How long	<i>2 weeks</i>
Immediate	<i>Don't know</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>R. Brown Smith</i>
		Address	<i>Sub Registrar</i>
			<i>Upper Marlboro Md</i>
Accident or Suicide?			



Name in Full		Mary A. Crowley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County	
		Died at		Woodman		P. D.	
		Date of death		1909		Age	
		Month		April		76	
		Day		14		Months	
		Sex		Female		Color or Race	
		Birthplace		White		Calvert Co. Md.	
Occupation		Housewife		Where Residing if not at place of death		-	
Married, Single or Widowed		Widowed		Name of Wife or Husband		William Crowley	
Father's Name		John Sless		Father's Birthplace		Md.	
Mother's Maiden Name		Not known		Mother's Birthplace		Md.	
Name of person giving information		Norman Beckert		How related to deceased		-	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long	
		Arteriosclerosis with Cardiac & renal complications				Several months	
		Immediate				How long	
		Arteriosclerosis				-	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. H. K. Wall M.D.	
				Address		Springfield Md.	
Accident or Suicide?							



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mr *Benj Dockett* Town *Lucas Anne* County *P. 4* X

Diad at *Lucas Anne* *P. 4* **MARYLAND**

Date of death 190 *7* Month *4* Day *22* Age *4* Years *6* Months *6* Days

Sex *Male* Color or Race *Colored* Birth-place *Md*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed Name of Wife or Husband *—*

Father's Name *Chas Dockett* Father's Birthplace *Md*

Mother's Maiden Name *Phoebe Spencer* Mother's Birthplace *Md*

Name of person giving Information *—* How related to deceased *—*

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary *Tuberculosis of Mesentery* How long *8 mo.*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *—*

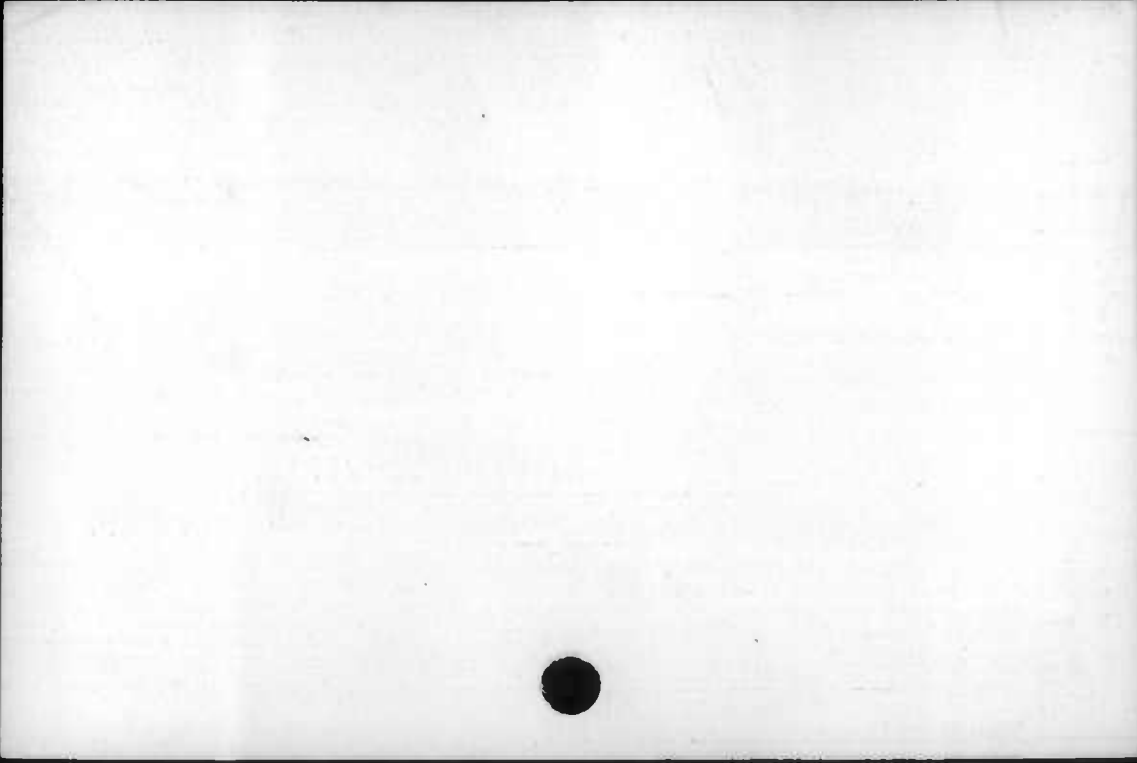
Signature of Physician *J. F. R. Lufour*

Address *Mitchellville Md*

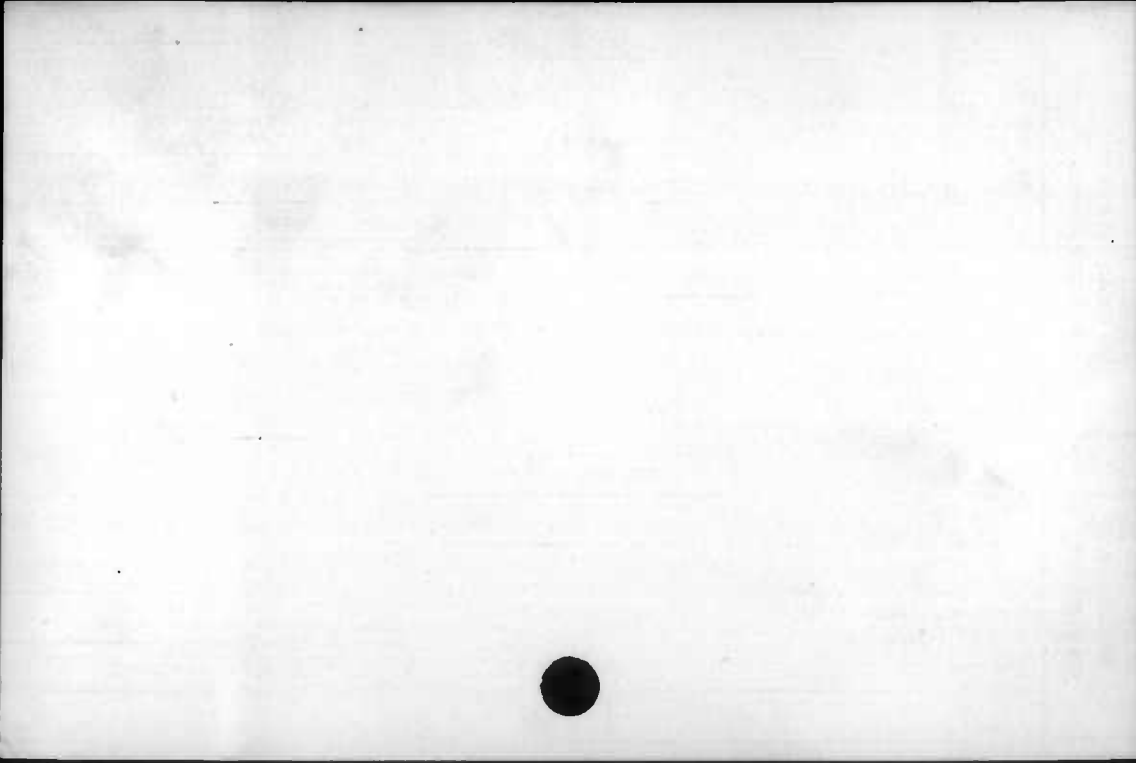
Accident or Suicide *—*



Name in Full		George T. Donaldson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Oak Crest Pr.		County Geo Co.		MARYLAND	
	Date of death	1909	Month 4	Day 30	Age 49	Years	Months Days
	Sex	Male		Color or Race	White		Birth-place Beltsville
	Occupation	Laborer		Where Residing if not at place of death		Oak Crest	
	Married, Single or Widowed	Married		Name of Wife or Husband		Fannie Donaldson	
	Father's Name	George W. Donaldson		Father's Birthplace		A. A. Co.	
	Mother's Maiden Name	Miss Duval		Mother's Birthplace		Munkirk	
Name of person giving information	George Gable		How related to deceased		Sif son		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right;">(44)</div>							
PHYSICIAN OR CORONER	Primary	Carcinoma of face				How long	2 yrs
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician		Dr. Pryce	
				Address		Fannie Ind.	
	Accident or Suicide?		Yes				



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Tanne</u>				<u>Price</u>		MARYLAND			
		Date of death <u>1909</u>		Month <u>April</u>	Day <u>24</u>	Age <u>70</u>		Years	Months <u>6</u>	Days <u>0</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Ind</u>					
		Occupation <u>Retired</u>				Where Residing if not at place of death <u>Tanne</u>					
		Married, Single or Widowed <u>Yes</u>		Name of Wife or Husband <u>Benj Dorsey</u>							
		Father's Name <u>unknown</u>				Father's Birthplace					
PHYSICIAN OR CORONER		Mother's Maiden Name <u>Caroline Turner</u>				Mother's Birthplace <u>Ind</u>					
		Name of person giving information <u>Wm H Dorsey</u>				How related to deceased <u>Son</u>					
		CAUSES OF DEATH				120					
PHYSICIAN OR CORONER		Primary <u>Chronic Bronchitis</u>				How long <u>Over year</u>					
		Immediate <u>General Debility</u>				How long <u>2 weeks</u>					
		Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>				Signature of Physician <u>W. F. Taylor M.D.</u>					
						Address <u>Laurel Ind.</u>					
		Accident or Suicide?									



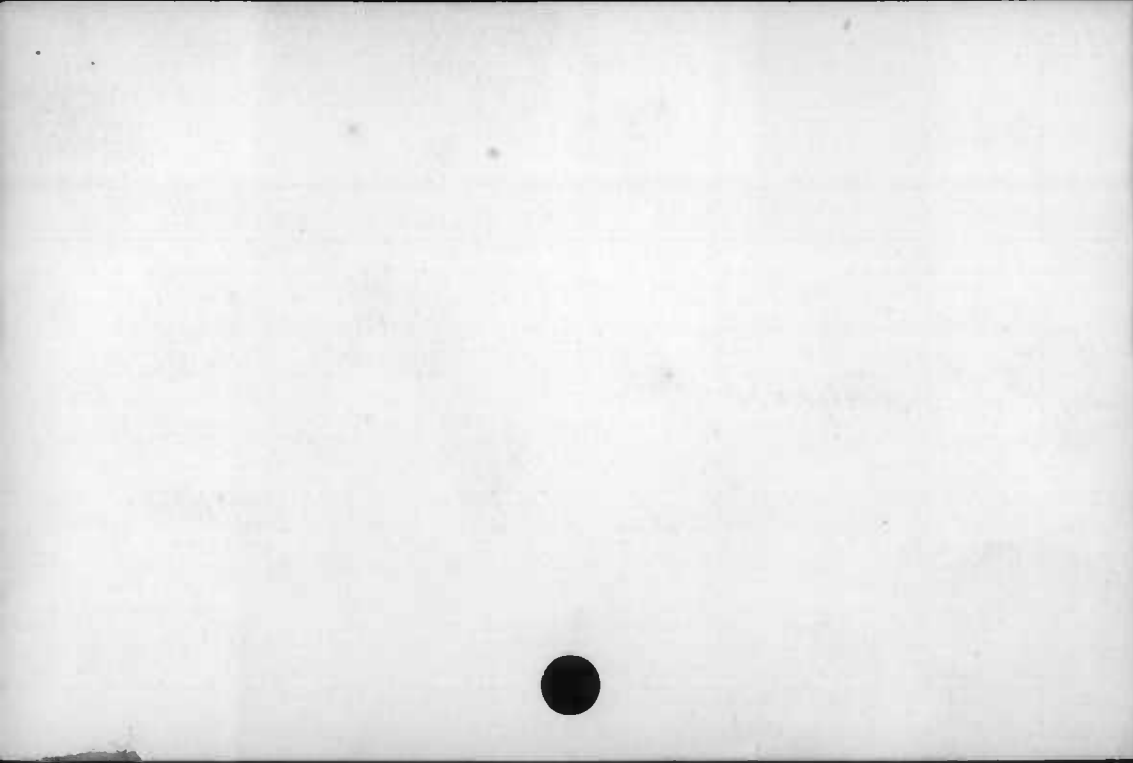
Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>Baden</i>		Town <i>Baden</i>		County <i>Prince George</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>Apr 1909</i>		Month <i>4</i>		Day <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		Age <i>16</i>	
Occupation <i>House work</i>		Where Residing if not at place of death <i>at home</i>		Months		Days	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>	
Father's Name <i>Henry Douglas</i>		Mother's Maiden Name <i>Rebecca Brown</i>		Name of person giving information <i>Jas. Gantt</i>		How related to deceased <i>none</i>	

CAUSES OF DEATH

Primary <i>Consumption</i>	How long <i>one year or possibly longer</i>
Immediate <i>Hemorrhage</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jas. A. Fowler, sub. reg.</i>
<i>Yes</i>	Address <i>Baden Maryland</i>
Accident or Suicide?	



Name
in
Full

Margaret A. Deuley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Deuley

County

Pr Geo

MARYLAND

Date

of death

1909

Month

April

Day

21

Years

Age

78

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widow

Name of Wife or
Husband

Enoch G. Deuley

Father's
Name

John M. Sansbury

Father's
Birthplace

Md

Mother's
Name

H. Ann Fowler

Mother's
Birthplace

Md

Name of person giving
Information

A. B. Deuley

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Asphyxia

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Ed H. Gibbons

Address

Croom Md

Accident or Suicidal

PHYSICIAN
OR CORONER



Name
in
Full

Mary Jane Fletcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Largo</i> <small>Town</small>		<i>P. Es Co.</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i> <small>Month</small>		<i>11</i> <small>Day</small>	<i>14</i> <small>Years</small>	<i>14</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>		Color or Race <i>Colored</i>	Birth-place <i>Ala.</i>		
Occupation <i>None</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Johnnie Fletcher</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Henry</i>		Mother's Birthplace <i>md.</i>			
Name of person giving information <i>Johnnie Fletcher</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary <i>Leathring</i>	How long
Immediate <i>Cold</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Sanborn</i>
	Address <i>Towheeville md.</i>
Accident or Suicide <i>Neither</i>	

Frank Wood
Marlboro

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

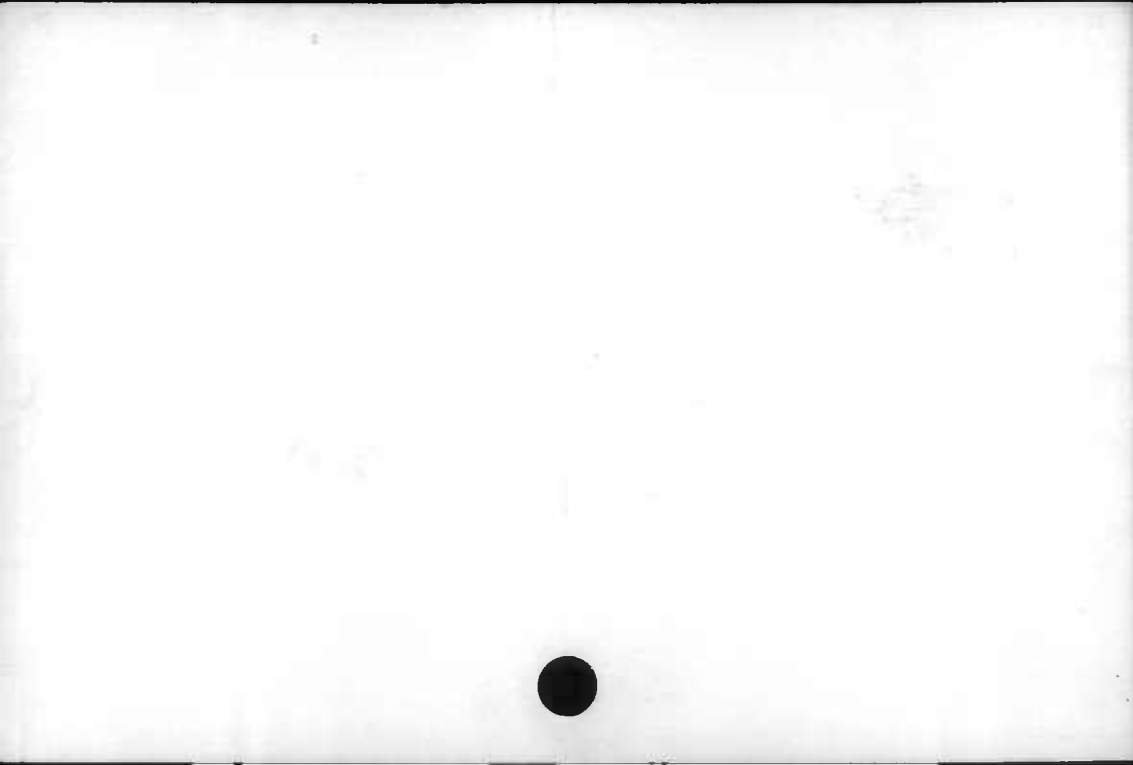
Name in Full <i>Effie M Gray</i>		Town <i>Forestville</i>		County <i>George</i>		State <i>MARYLAND</i>	
Died at		Month <i>4</i>		Day <i>29</i>		Years <i>25</i>	
Date of death <i>1909</i>		Month <i>4</i>		Day <i>29</i>		Age <i>25</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>William Gray</i>					
Father's Name <i>Elijah Berch</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Amanda A Diver</i>		Mother's Birthplace <i>md</i>					
Name of person giving Information <i>Robert Boone</i>		How related to deceased <i>none</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Grippe</i>	How long <i>1 month</i>
Immediate <i>acute Tuberculosis</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John E. Eansbury</i>
	Address <i>Forestville md</i>
Accident or Suicide <i>neither</i>	



Name
in
Full

David Harmon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Westphalia ^{Town} 7.9 ^{County} X
 Date of death 1909 ^{Month} Apr ^{Day} 16 ^{Years} 49 ^{Months} ^{Days}
 Sex Male Color or Race White Birth-place Va.
 Occupation Farmer Where Residing if not at place of death -
 Married, Single or Widowed Married Name of Wife or Husband Ruth Harmon
 Father's Name Solomon Harmon Father's Birthplace Va
 Mother's Maiden Name Harman Mother's Birthplace Va
 Name of person giving Information C. H. Harmon How related to deceased Son

CAUSES OF DEATH

4

Primary Malaria & heart disease How long 5 dys

Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

L. B. Griffith
Upper Marlboro

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Francis A. Henson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Friendly Town Pr Geo County X

Date of death 1909 4 Month 6 Day 33 Years 33 Months Days

Sex Female Color or Race Colored Birth-place Md.

Occupation House Where Residing if not at place of death —

Married, Single ~~or Widowed~~ Name of Wife or Husband Daniel Henson

Father's Name Thomas L. Hawkins Father's Birthplace Md.

Mother's Maiden Name Mary P. Newman Mother's Birthplace Md.

Name of person giving Information Daniel Henson How related to deceased Husband

CAUSES OF DEATH

Primary Valvular Heart Lesion How long Indefinite

Immediate Circulatory failure How long "

Are the name, age, sex, color, data and place correctly given above?

yes

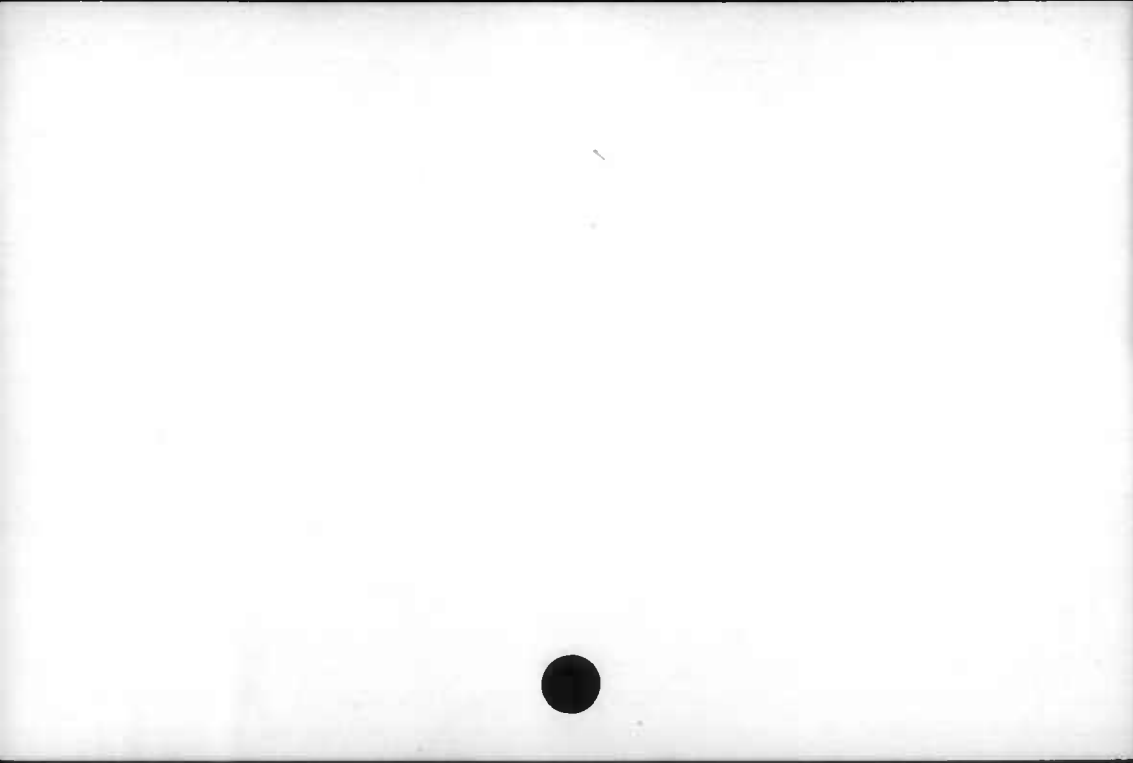
Signature of Physician

Address

E. P. Simpson
Rose off. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Charles Henry Halland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Northrup ^{County} On ^{Year} 1909

^{Month} April ^{Day} 22 ^{Age} 77 ^{Months} ^{Days}

Sex ^{Color or} ^{Rece} ^{Birth-} ^{place} ^{and}

Occupation ^{Where Residing if not} ^{at place of death}

Married, Single or Widowed ^{Name of Wife or} ^{Husband} ^{Unknown}

Father's Name ^{Father's} ^{Birthplace} ^{and}

Mother's Maiden Name ^{Mother's} ^{Birthplace} ^{and}

Name of person giving Information ^{How related} ^{to deceased} ^{Son}

CAUSES OF DEATH

79

Primary ^{How long} ^{Several months}

Immediate ^{How long}

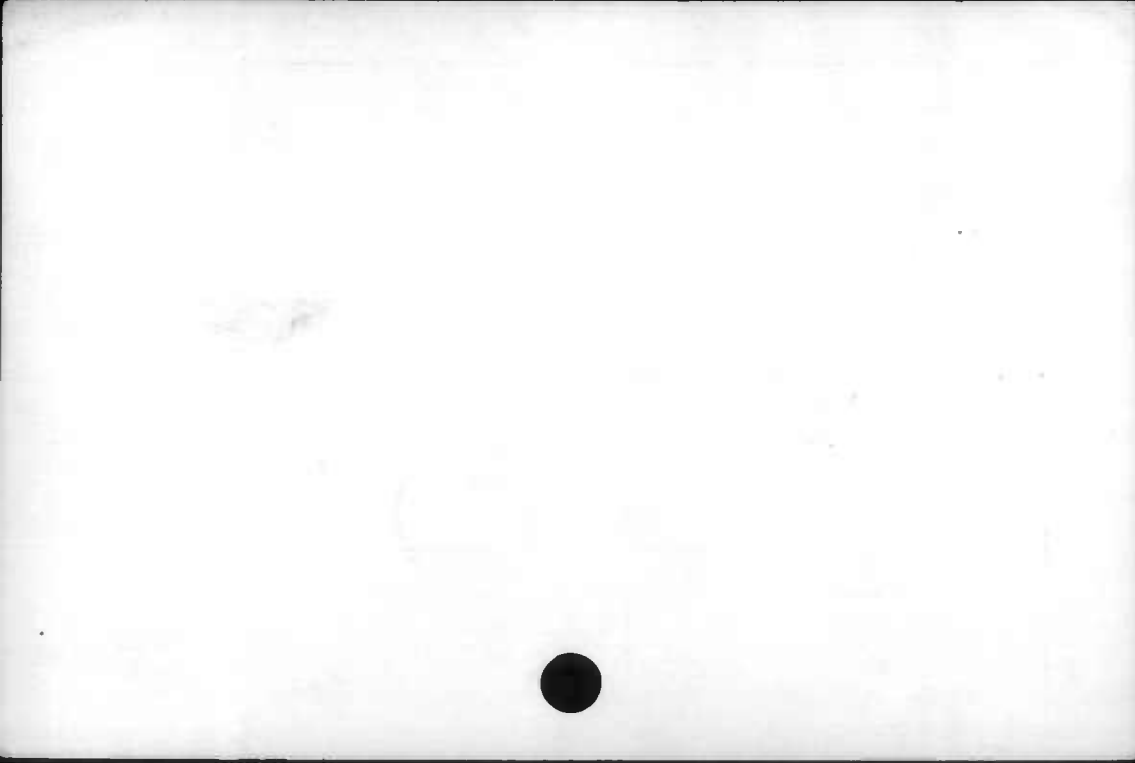
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician ^{W. H. Gibbons}

Address ^{Croom and}

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

George Washington Hutchinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Ritchie ^{Town} P. P. ^{County} 60
Date of death 1909 April 16 Age 2 Months Days

Sex Male Color or Race White Birthplace Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Name of Wife or Husband —

Father's Name Edward Hutchinson Father's Birthplace Md

Mother's Maiden Name Effie V. Simpson Mother's Birthplace Md

Name of person giving Information Edward Hutchinson How related to deceased Father

CAUSES OF DEATH

151

Primary Weakness & Paralysis Since birth

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Dr. F. E. Sansbury

Address Forestville Md

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Walter James

CERTIFICATE OF DEATH

Died at ^{Town} House of Chellenbau ^{County} Pr Geo

MARYLAND

Date of death 1909 ^{Month} April ^{Day} 16 ^{Years} Age 13 ^{Months} ^{Days}Sex Male ^{Color or Race} Colored ^{Birth-place} MdOccupation ^{Where Reading if not at place of death} InmateMarried, Single or Widowed Single ^{Name of Wife or Husband} noneFather's Name Edward James ^{Father's Birthplace} MdMother's Maiden Name Laura James ^{Mother's Birthplace} MdName of person giving Information John B Pyles ^{How related to deceased} Supt

CAUSES OF DEATH

93

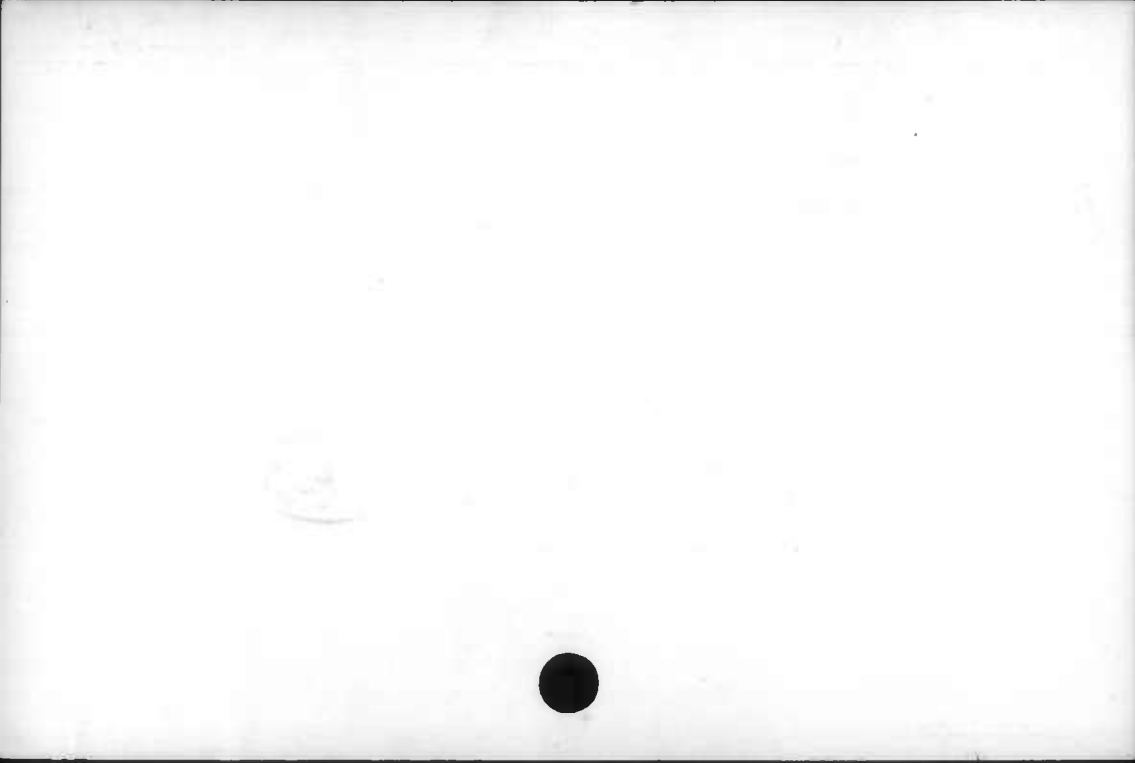
Primary ^{How long} Pneumonia 6 daysImmediate ^{How long} As Thera 1 day

Are the name, age, sex, color, date and place correctly given above? yes

^{Signature of Physician} W. H. Gibbons^{Address} Croon Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Chas. A. Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

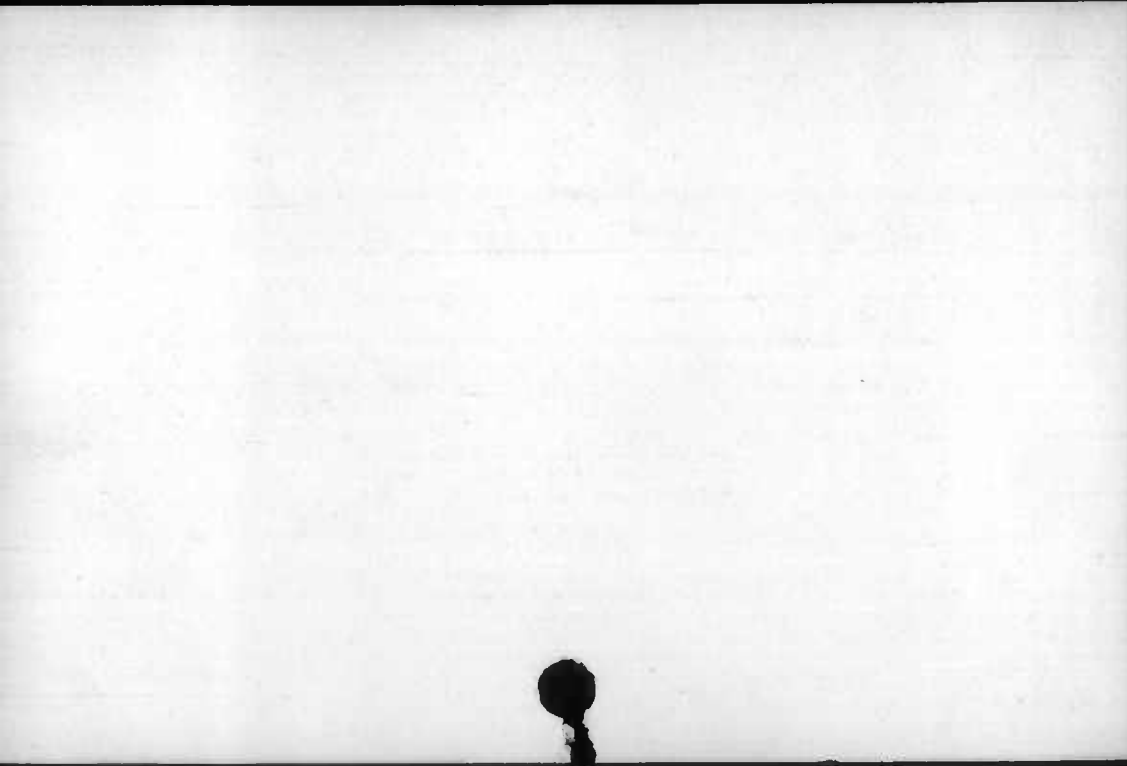
Died at		Town		County		State	
The Laurel Sanitarium		Laurel		Prince Georges		Co. MARYLAND	
Date of death	1909	Month	4	Day	1	Years	61
				Age		Months	11
						Days	
						70	
Sex	Male			Color or Race	White.		
Occupation	Minister -			Birth-place	Baltimore Md		
Where Residing if not at place of death							
Married, Single or Widowed	Married			Name of Wife or Husband	Sarah Catherine		
Father's Name	Andrew Gist Jones			Father's Birthplace	Ky.		
Mother's Maiden Name	Mary Anne Jones.			Mother's Birthplace	Va.		
Name of person giving information	D. C. Jones			How related to deceased	Son		

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Senile Melancholia	How long	1 yr
Immediate	Apoplexy	How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Jesse C. Coggin	
Address		The Laurel Md	
Accident or Suicide?		no	



Name
in
Full

George Bucklewill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

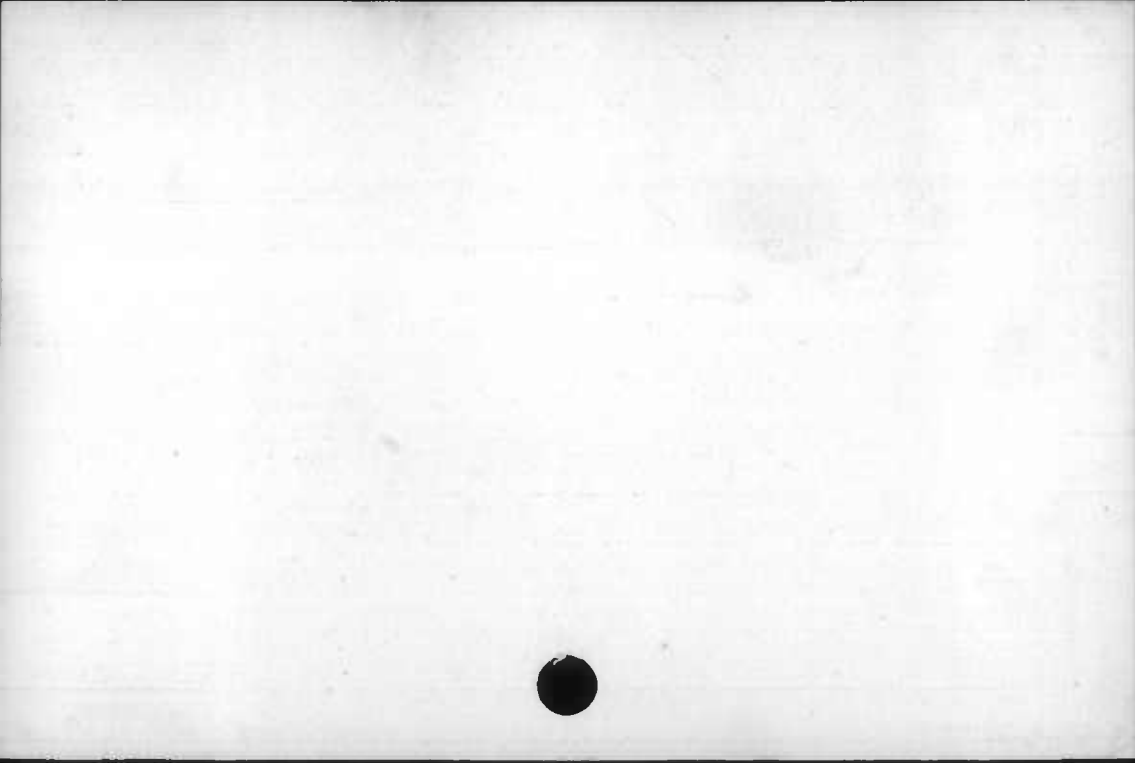
Died at <u>Laurel</u> ^{Town}		<u>DC</u> ^{County}		MARYLAND	
Date of death	<u>1909</u>	Month	<u>April</u>	Day	<u>27</u>
Age		<u>54</u>		Months	<u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>		
Occupation	<u>Laborer</u>		Birth-place	<u>unknown</u>	
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Rose Burtavill</u>		
Father's Name	<u>unknown</u>		Father's Birthplace	<u>unknown</u>	
Mother's Maiden Name	<u>unknown</u>		Mother's Birthplace	<u>unknown</u>	
Name of person giving information	<u>Rose Burtavill</u>		How related to deceased	<u>Wife</u>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<u>Valvular heart disease</u>	How long	<u>18 months</u>
Immediate	<u>Attemia</u>	How long	<u>2 mos.</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>W. J. Taylor</u>	
		Address	
		<u>Laurel Md</u>	
Accident or Suicide?			



Name
in
Full

Lathia A. Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lanue</i> Town			<i>Prince Geo</i> County			MARYLAND	
Date of death	1909	Month <i>4</i>	Day <i>11</i>	Age <i>70</i>	Years	Months <i>3</i>	Days <i>17</i>
Sex <i>Female</i>	Color or Race <i>White</i>			Birth-place <i>Ind</i>			
Occupation <i>no</i>	Where Residing if not at place of death <i>Lanue no a</i>						
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband —						
Father's Name <i>Stim Brown</i>	Father's Birthplace <i>ind</i>						
Mother's Maiden Name <i>Matilda Brown</i>	Mother's Birthplace						
Name of person giving information <i>Emm Fisher</i>	How related to deceased <i>Daughter</i>						

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>Two Weeks</i>
Immediate <i>Failure Vital Forces</i>	How long <i>Three days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Brown M.D.</i>
	Address <i>Lanue P. Geo Md.</i>
Accident or Suicide?	



Name
in
Full

Ellen B. Marlow

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

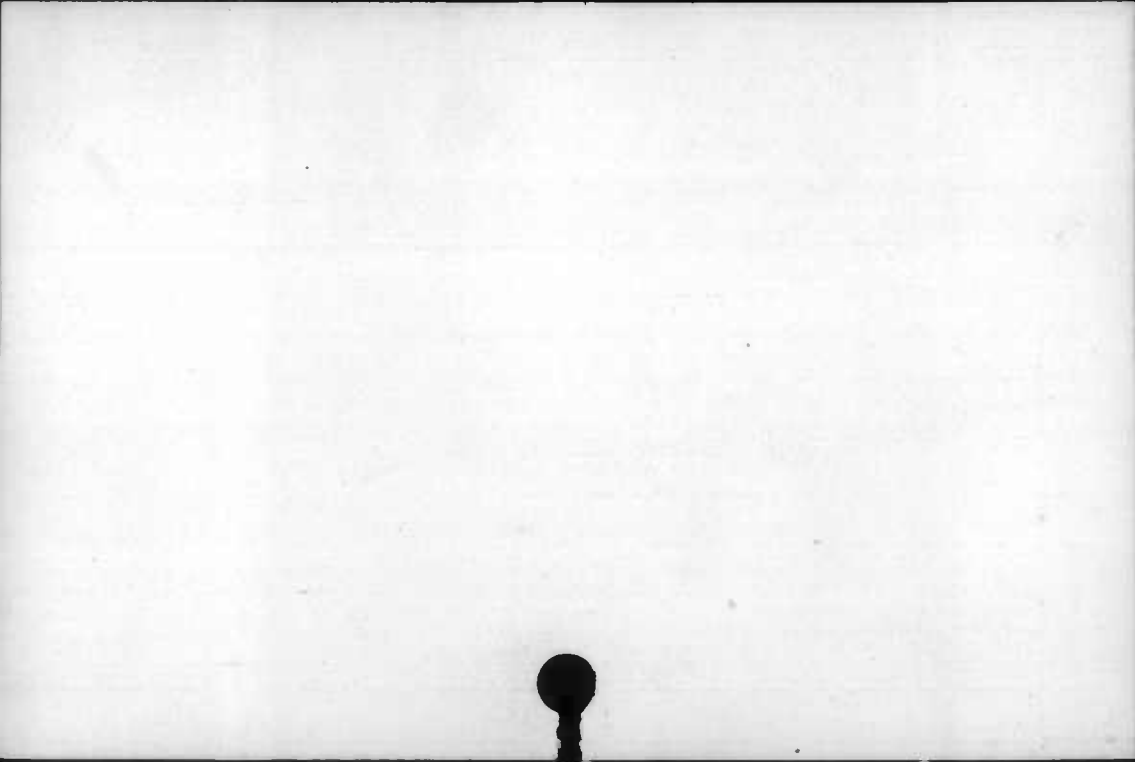
Died at		Town Laurel		County Pr Geo		MARYLAND	
Date of death		Month April	Day 29	Age 33	Years	Months 2	Days 7
Sex Female		Color or Race White		Birth-place Ind			
Occupation Housewife		Where Residing if not at place of death Laurel					
Married, Single or Widowed Yes		Name of Wife or Husband Geo Marlow					
Father's Name John Hammond		Father's Birthplace Ind					
Mother's Maiden Name Mary E. Loper		Mother's Birthplace Ind					
Name of person giving information Geo Marlow		How related to deceased Husband					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	Puerperal Septicemia	How long	6 days.
Immediate	Peritonitis	How long	3 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. H. Hunt	
Address		Laurel	
Accident or Suicide?		—	



Name
in
Full

Lillie Matthews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Marlboro Pike Town Prince George's County MARYLAND

Date of death 1909 April 20 Month Day Age 45 Years Months Days

Sex female Color or Race colored Birth-place Ind

Occupation house - duties Where Residing if not at place of death —

Married, Single or Widowed widowed Name of Wife or Husband John Matthews (deceased)

Father's Name Brooke Berry Father's Birthplace Ind -

Mother's Maiden Name Maria Berry Mother's Birthplace Ind

Name of person giving information James Matthews How related to deceased son

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary carcinoma of stomach How long unknown

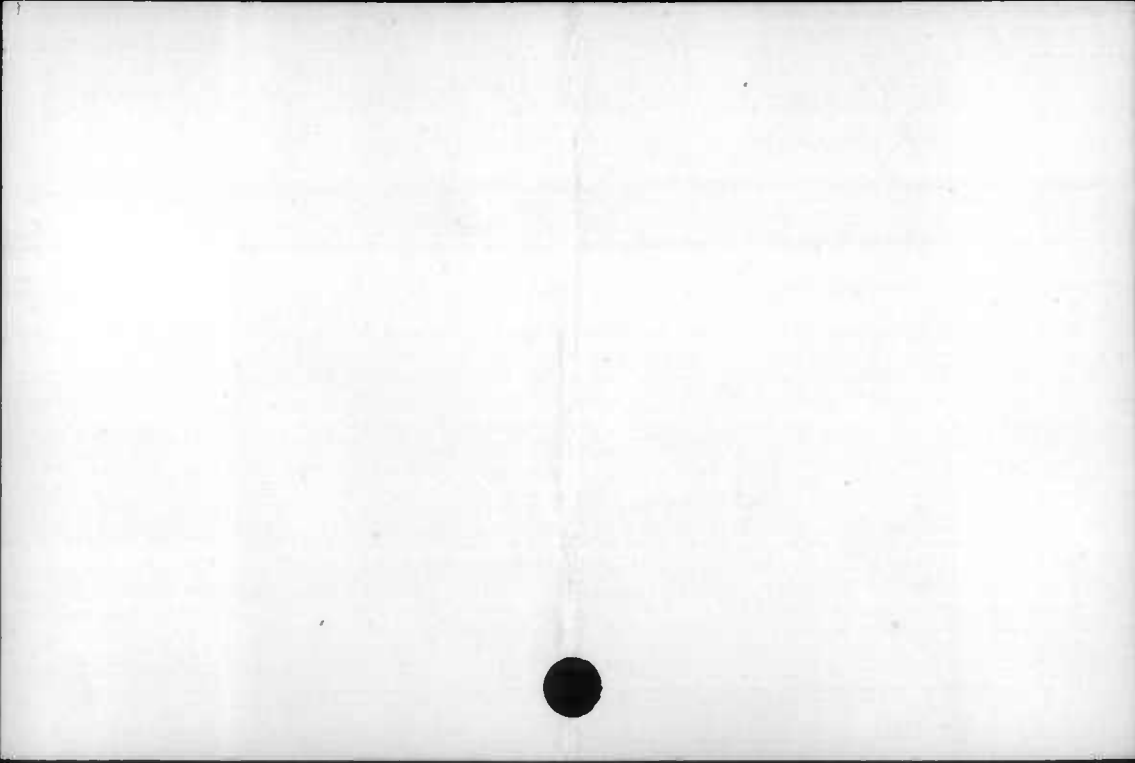
Immediate asthenia How long 6 hours -

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. M. Brady

Address Rembert, D.C.

Accident or Suicide? —



Name
in
Full

Philip Moran

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Seeland</u> Town		<u>29</u> County		MARYLAND	
Date of death	<u>1909</u>	Month	<u>April</u>	Day	<u>26</u>
Age	<u>45</u>	Years	<u>5</u>	Months	<u>5</u>
Sex	<u>Male</u>	Color or Race	<u>white</u>	Birth-place	<u>Charles Co. Md</u>
Occupation	<u>R. R. Co - hand</u>	Where Residing if not at place of death	<u>—</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Annice Moran</u>		
Father's Name	<u>William E. Moran</u>	Father's Birthplace	<u>Chas Co Md</u>		
Mother's Maiden Name	<u>Moran</u>	Mother's Birthplace	<u>Chas Co "</u>		
Name of person giving Information	<u>Sarah G. Moran</u>	How related to deceased	<u>Wife</u>		

CAUSES OF DEATH

14

Primary

Complication of trouble
Chronic dyspepsia, R. R. Accident -

How long

Throat trouble
since summer

Immediate

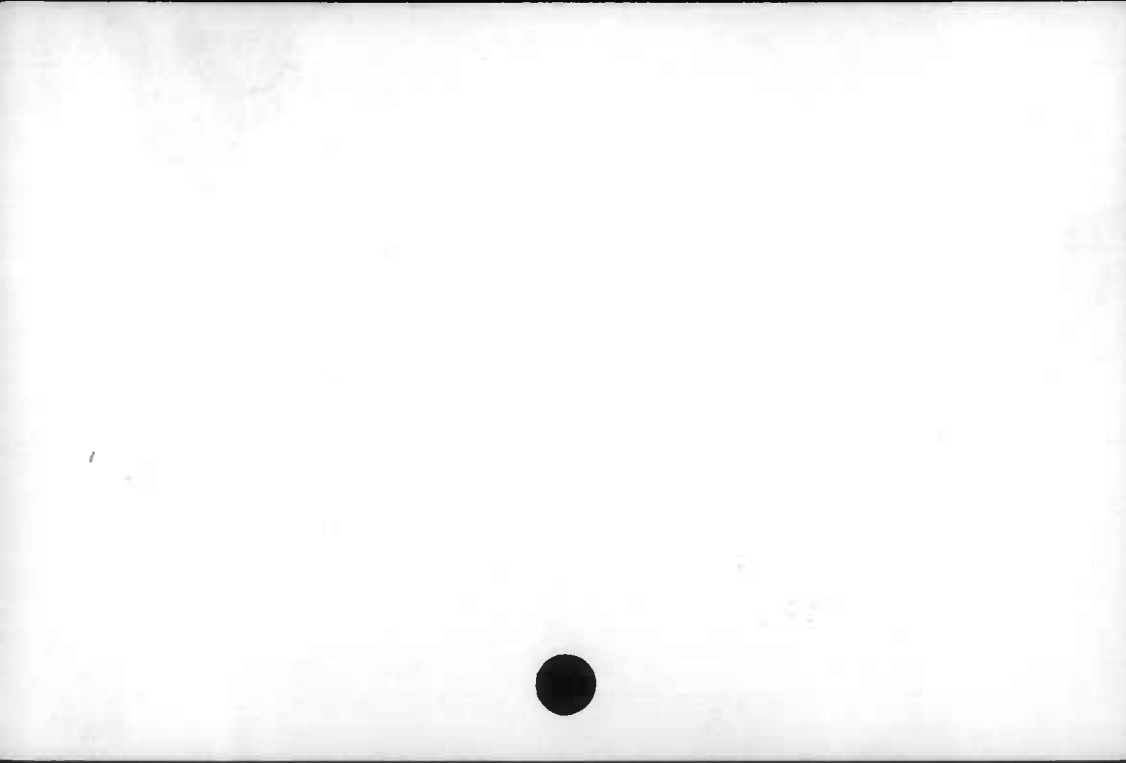
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

St. Liffet
Upper Marlboro Md

Accident or Suicide



Name
in
Full

Harriet A Moss.

CERTIFICATE OF DEATH

Died at ^{Town} Hyattsville

County

Prince Geo. Co.

MARYLAND

Date of death 1909 April

Month

Day

30th

Years

Age 58y

Months

Days

Sex

Female

Color or Race

Colored

Birth-place

Va

Occupation

Housekeeper

Where Residing if not at place of death

Hyattsville

Married, Single or Widowed

Widow

Name of Wife or Husband

Robert E. Moss

Father's Name

R. Searing

Father's Birthplace

Va

Mother's Maiden Name

Hester McPherson

Mother's Birthplace

Va

Name of person giving Information

Lizzie Moss, Kent.

How related to deceased

Daughter

CAUSES OF DEATH

Primary

Endocarditis

How long

many years

Immediate

Pulmonary edema

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

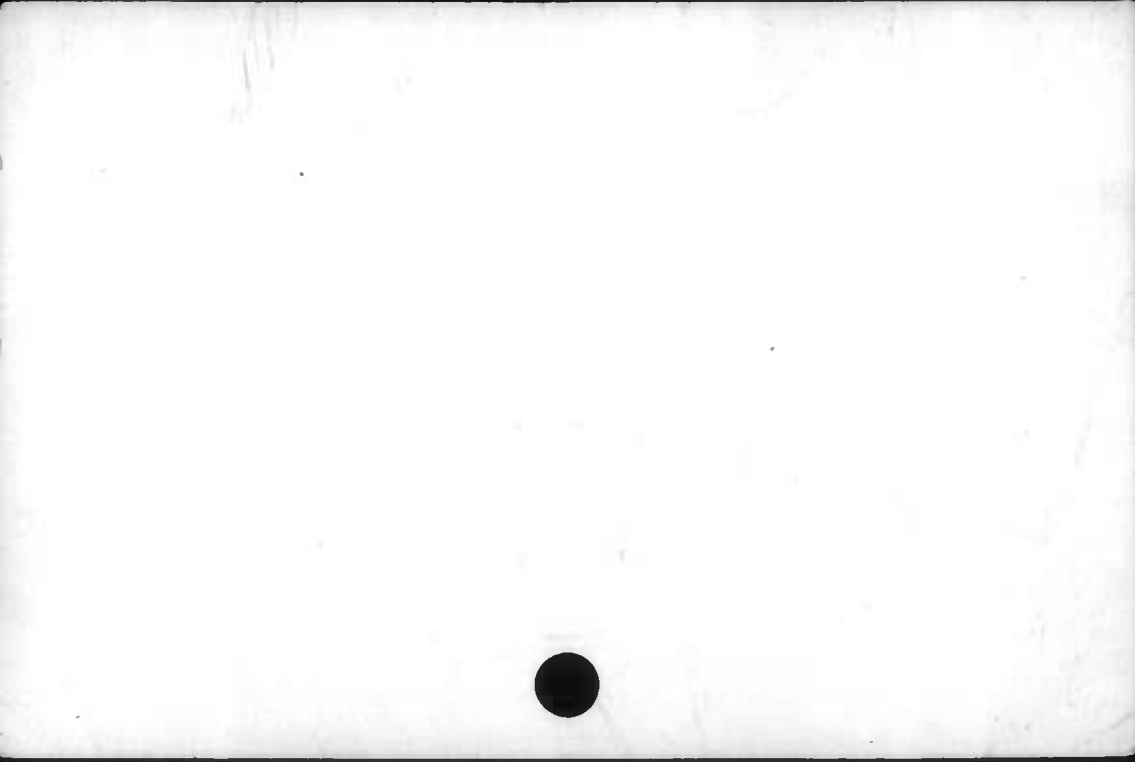
Dr. E. Robinson

Hyattsville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

William Alphonse Obold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lexed</u> <small>Town</small>		<u>P. George</u> <small>County</small>		MARYLAND	
Date of death <u>1909 April</u> <small>Month</small>		<u>1</u> <small>Day</small>	Age <u>—</u> <small>Years</small>	<u>—</u> <small>Months</small>	<u>1 and 1/2</u> <small>Days</small>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ind.</u>			
Occupation <u>Infant</u>		Where Residing if not at place of death <u>at place of death</u>			
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>William X. Obold</u>	Father's Birthplace <u>D. C.</u>				
Mother's Maiden Name <u>Annie C. Geringling</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>William X. Obold</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <u>Hemorrhage from stomach and bowels</u>	How long <u>8 hours</u>
Immediate <u>Exhaustion</u>	How long <u>1 hour.</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>L. S. Savage</u>
	Address <u>Bermin D. C.</u>
Accident or Suicide?	



Name
in
Full

Helen Sophia Phillips

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Capital Heights		Prine County		MARYLAND	
Date of death	1909.	Month	April	Day	10 th	Years	70
Sex	Female		Color or Race	White		Birth-place	Vt.
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Widowed		Name of Wife or Husband	George S. Phillips			
Father's Name	Jabes Kinney				Father's Birthplace	Vt.	
Mother's Maiden Name	Mary Kinney				Mother's Birthplace	Vt.	
Name of person giving information	Mrs. Boyington				How related to deceased	Daughter	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Valvular heart disease.		How long	6 months.
Immediate	Dyspnoea & Exhaustion		How long	One hour.
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	R. A. Schoonover
			Address	Berning
Accident or Suicide?				d.c.

Wm H. Sardo & Co
Glenwood Cemetery

Name

in
Full

CERTIFICATE OF DEATH

Nancy Ella Pratt

MARYLAND

Died at *Brentwood*

Town

Pr Geo. Co

County

Date of death *1909 apr.*

Month

Day

Age *58*

Years

Months

Days

*7**22*

Sex

*female*Color or
Race*white*Birth-
place*Massachusetts*

Occupation

*housewife*Where residing if not
at place of deathMarried, Single
or Widowed*widowed*Name of Wife or
Husband*Albert Seymour Pratt*Father's
Name*Chas. F. Wilcox*Father's
Birthplace*Mass.*

Mother's

Maiden Name

*Nancy Borrett Holmes*Mother's
Birthplace*Mass.*Name of person giving
Information*Edith I. Pratt*How related
to deceased*daughter*

CAUSES OF DEATH

Primary

Chronic mitral disease of heart

How long

several years

Immediate

heart failure

How long

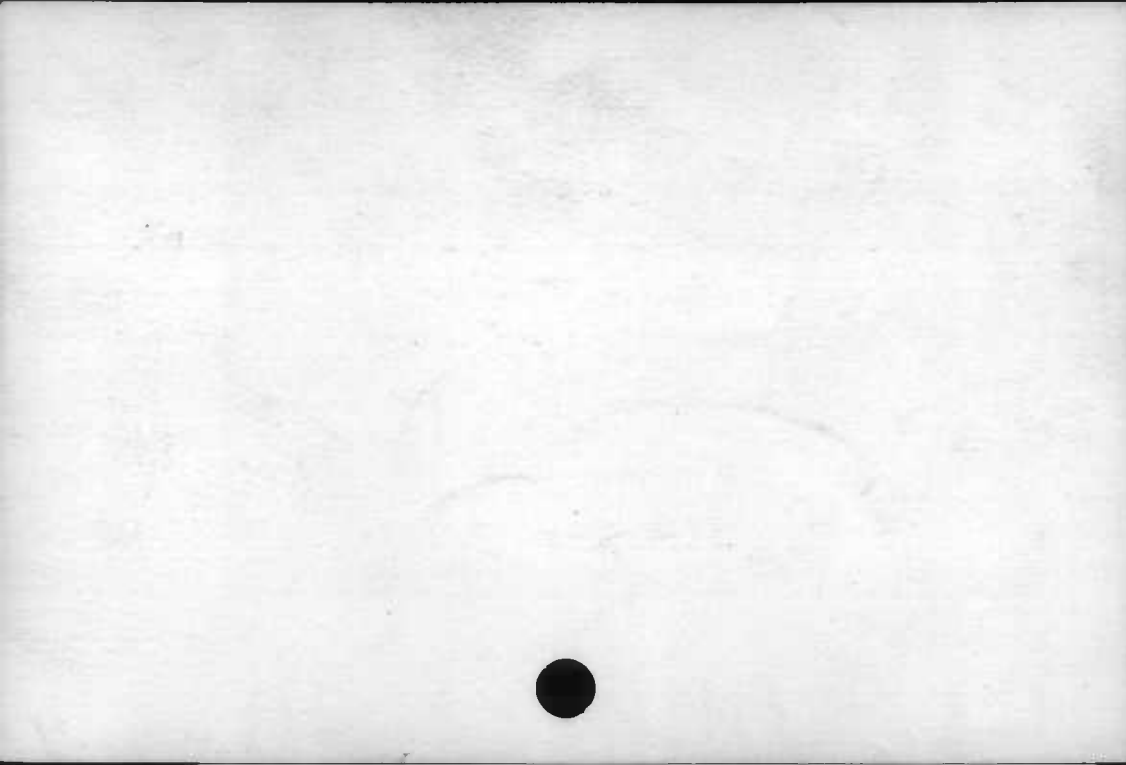
*a few hours*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*John F. Neenan M.D.
Brentwood
Md.*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER*2*



Name
in
Full

Caroline B Sabry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Corwyn</i> Town		<i>Pence George</i> County		MARYLAND	
Date of death	<i>1909</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>13</i>	Years <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Ind ?</i>			
Occupation <i>House wife</i>		Where Residing if not at place of death - <i>at her parents</i>			
Married, Single <i>Widowed</i>		Name of Wife or Husband <i>Refus Sabry</i>			
Father's Name <i>Genl Gates</i>		Father's Birthplace <i>Mo</i>			
Mother's Maiden Name <i>Carolen B. Gates</i>		Mother's Birthplace <i>Mo</i>			
Name of person giving information <i>Charles Lovelace</i>		How related to deceased <i>Grand Son</i>			

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Wasting away</i>	How long <i>3 Yrs</i>
Immediate	<i>General debility & old age</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<i>Yes</i>		Address <i>6 A. Fox</i>
Accident or Suicide?		<i>Bureau near</i>



Name
in
Full

John D Scrivener

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

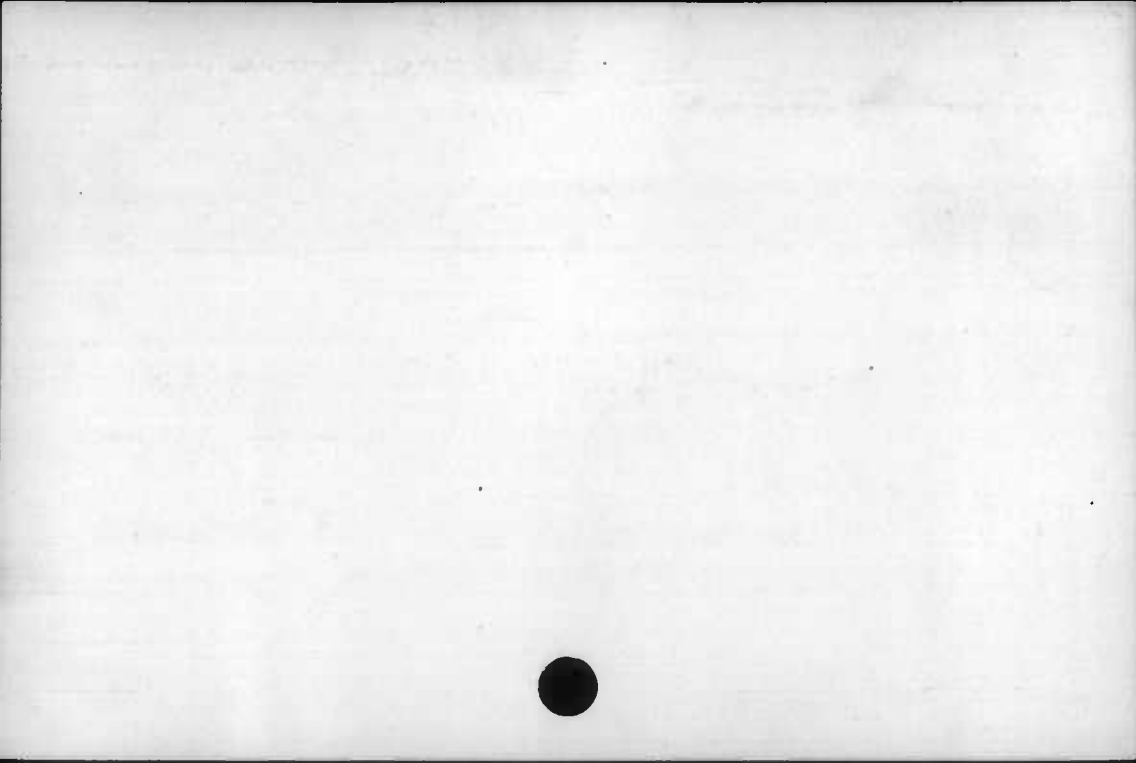
Died at		Town <i>Laurel</i>		County <i>Prince George</i>		MARYLAND	
Date of death		Month <i>April</i>	Day <i>14th</i>	Years <i>83</i>	Months —		Days —
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>not known</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Washington D.C.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband —					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>John E Wilson</i>		How related to deceased <i>nephew</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility, Failing for several years</i>	How long	<i>Two weeks</i>
Immediate	<i>Exhaustion, Diarrhea</i>	How long	<i>Two weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Amelia D. Wells</i>	
		Address <i>Laurel, Maryland</i>	
Accident or Suicide? <i>Negative</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Ruth Summs
Town *Bladensburg* County *P. George* MARYLAND

Died at *Bladensburg* *P. George*

Date of death 190 *9* April *13* Age *56* Months *—* Days *—*

Sex *Female* Color or Race *Black* Birth-place *MD*

Occupation *Domestic* Where Residing if not at place of death *—*

Married, Single or Widowed *widowed* Name of Wife or Husband *Levi Summs*

Father's Name *Charles Haslop* Father's Birthplace *MD*

Mother's Maiden Name *Mary Thomas* Mother's Birthplace *MD*

Name of person giving Information *John Snell* How related to deceased *Stepfather*

CAUSES OF DEATH *45*

PHYSICIAN
OR CORONER

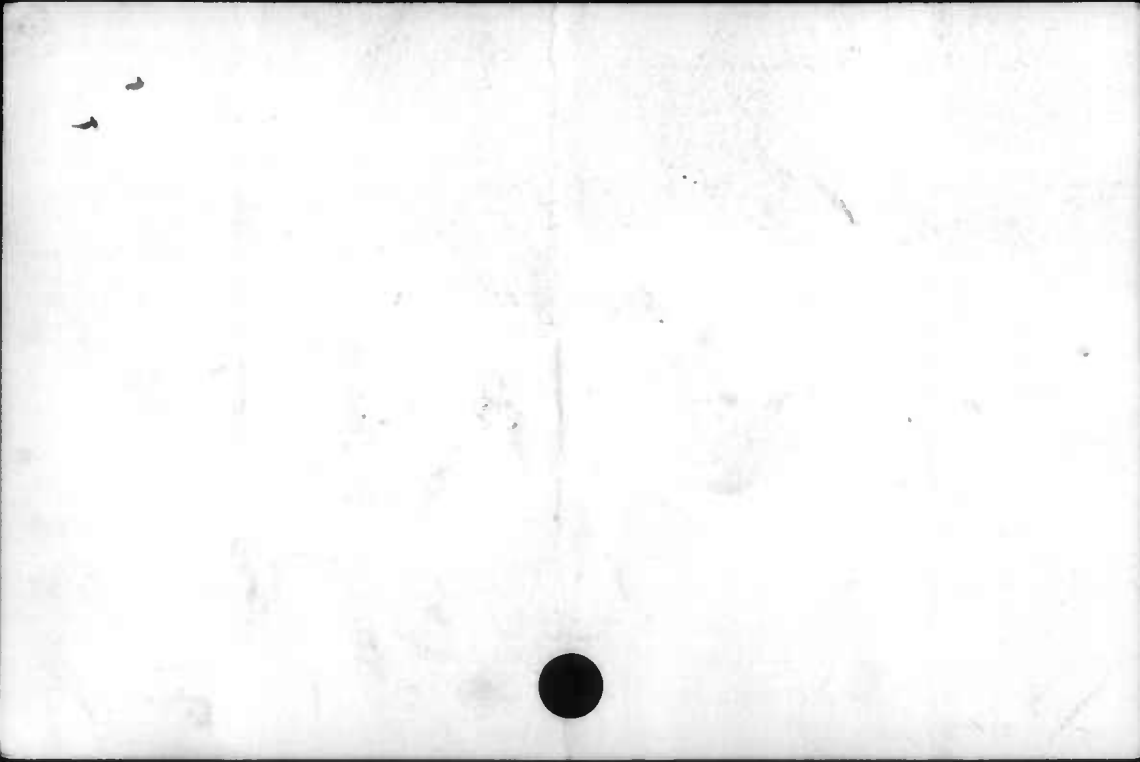
Primary *Cancer of Throat* How long *Several Months*

Immediate *Throat Closed gradually* How long *Exhaustion*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *C.W. Disbance MD* Address *Hyattsville MD*

Accident or Suicidal ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

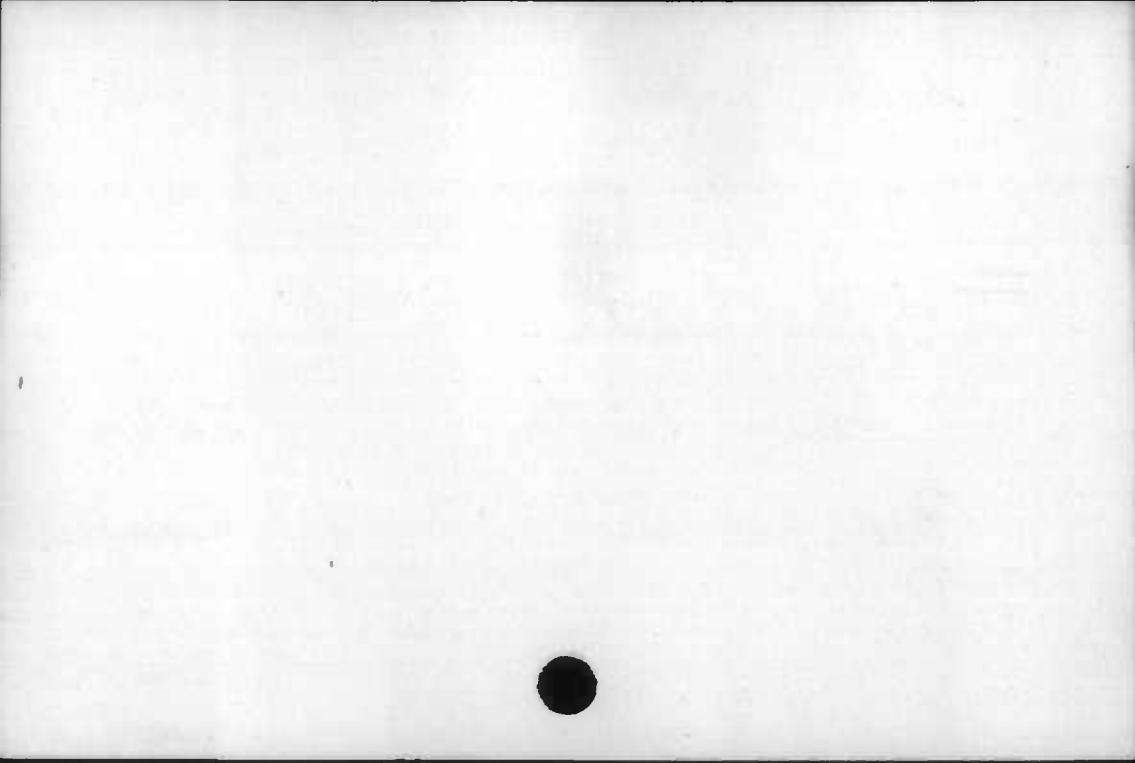
Name in Full <i>Louis Smith</i>		Town <i>Upper Marlboro</i>		County <i>P. G.</i>		MARYLAND	
Died at <i>Upper Marlboro</i>		Date of death <i>1909</i>		Month <i>4</i>		Day <i>6</i>	
Age <i>7</i>		Years <i>3</i>		Months <i>3</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>P. G. Co. Md</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Louis Smith</i>				Father's Birthplace <i>P. G. Co. Md</i>			
Mother's Maiden Name <i>Alice Hall</i>				Mother's Birthplace <i>P. G. Co. Md</i>			
Name of person giving information <i>Louis Smith</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>		How long <i>2 weeks</i>	
Immediate <i>Coma</i>		How long <i>12 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Reverdy Sasser</i>	
		Address <i>Upper Marlboro Md</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

2pm *Arthur Smith* *X*
Died at *Seat Pleasant P. G. Co* Town County
Date of death *1909 Apr 13* Month Day Years
Age *5* Months Days
Sex *Male* Color or Race *Black* Birth-place *Md*
Occupation *Child* Where Residing if not at place of death *—*

☒ Married, Single
☐ Widowed

Name of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, data
and place correctly given above?Signature of
Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER

Bent Nelson

George Gross Mountaineer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u> <u>Gas Snowden</u>		County <u>P. D. Co</u>		MARYLAND	
Date of death	190 <u>7</u>	Month <u>4</u>	Day <u>12</u>	Age	Years <u>1</u> Months <u>14</u> Days <u>14</u>
Sex	<u>Male</u>		Color or Race	<u>Colored</u>	
Occupation	<u>None</u>		Birth-place	<u>Ma</u>	
Where Residing if not at place of death			<u>—</u>		
Married, Single or <u>Widowed</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Snowden</u>		Father's Birthplace <u>Ma</u>			
Mother's Maiden Name <u>Edna Snowden</u>		Mother's Birthplace <u>Ma</u>			
Name of person giving Information		How related to deceased			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Insanition</u>	How long	<u>From birth</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. F. R. Dufour</u>	
		Address <u>Mitchellville</u>	
		<u>Ma</u>	
Accident or Suicide			



Name
in
Full

Charles Albert Standiff

No 6 -

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

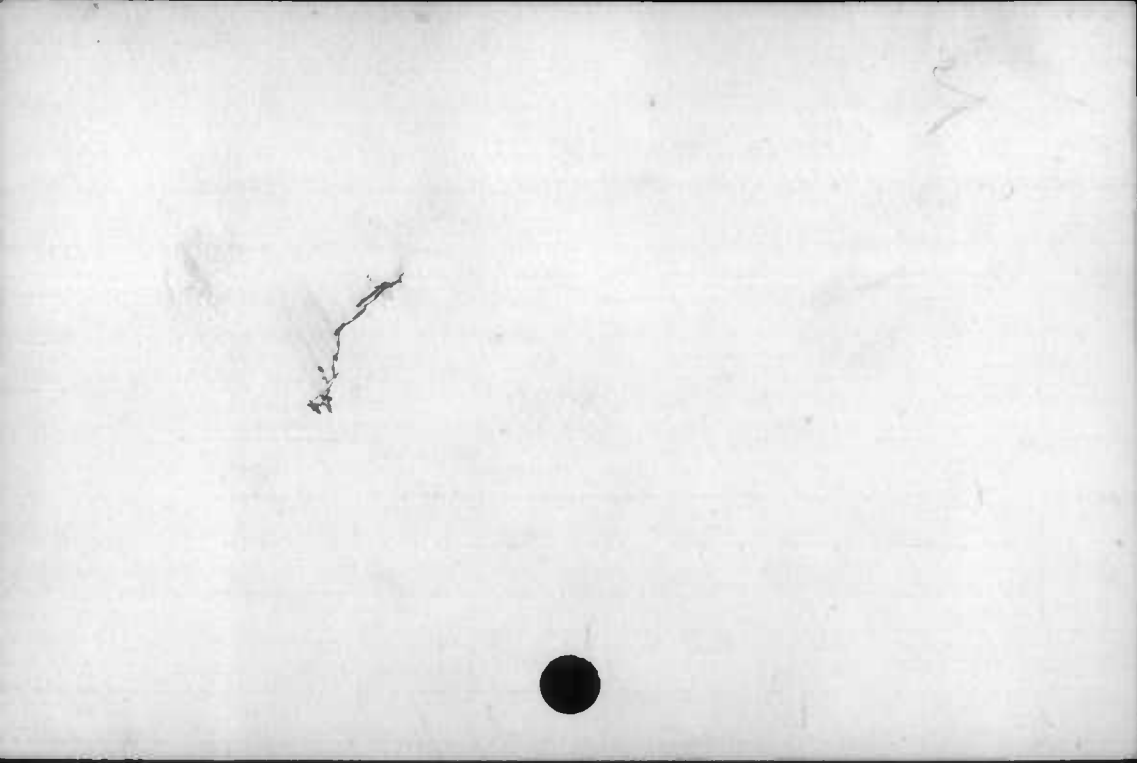
Died at <u>Lanham</u> Town		<u>Prin</u> County		MARYLAND	
Date of death	<u>1909</u> Month <u>April</u>	Day <u>9</u>	Years <u>—</u>	Months <u>5</u>	Days <u>—</u>
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Lanham Md</u>
Occupation	<u>X</u>	Where Residing if not at place of death <u>Place of birth</u>			
Married, Single or Widowed	<u>X</u>	Name of Wife or Husband <u>X</u>			
Father's Name	<u>Dean W. Standiff</u>			Father's Birthplace	<u>Fre Pa</u>
Mother's Maiden Name	<u>Mary Alberta Harvey</u>			Mother's Birthplace	<u>Lanham Md</u>
Name of person giving information	<u>Mary A Harvey.</u>			How related to deceased	<u>Mother</u>

CAUSES OF DEATH

Cause unknown

PHYSICIAN
OR CORONER

Primary	<u>X</u>	How long	<u>Sudden</u>
Immediate	<u>X</u>	How long	<u>(189)</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	
		Address <u>B. H. Cross L.P.</u>	
Accident or Suicide?	<u>X</u>	<u>Acting Coroner</u>	



Name
in
Full

CERTIFICATE OF DEATH

Phil J. Steubener
Town County

Died at Bladesbury Piper MARYLAND
Month Day Years Months Days

Date of death 1909 Apr 26 Age 14

Sex male Color or Race W Birth-place MD

Occupation School boy Where Residing if not at place of death ☒

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Phil J Steubener

Father's Birthplace MD

Mother's Maiden Name Fannie Taggart

Mother's Birthplace MD

Name of person giving Information Father How related to deceased

CAUSES OF DEATH

7

Primary Scarlet fever How long 5 days

Immediate Cardiac failure How long 6 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician Thos Rottman

Address Styattoville

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Glenwood D. C.

Name
in
Full

Enigma Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

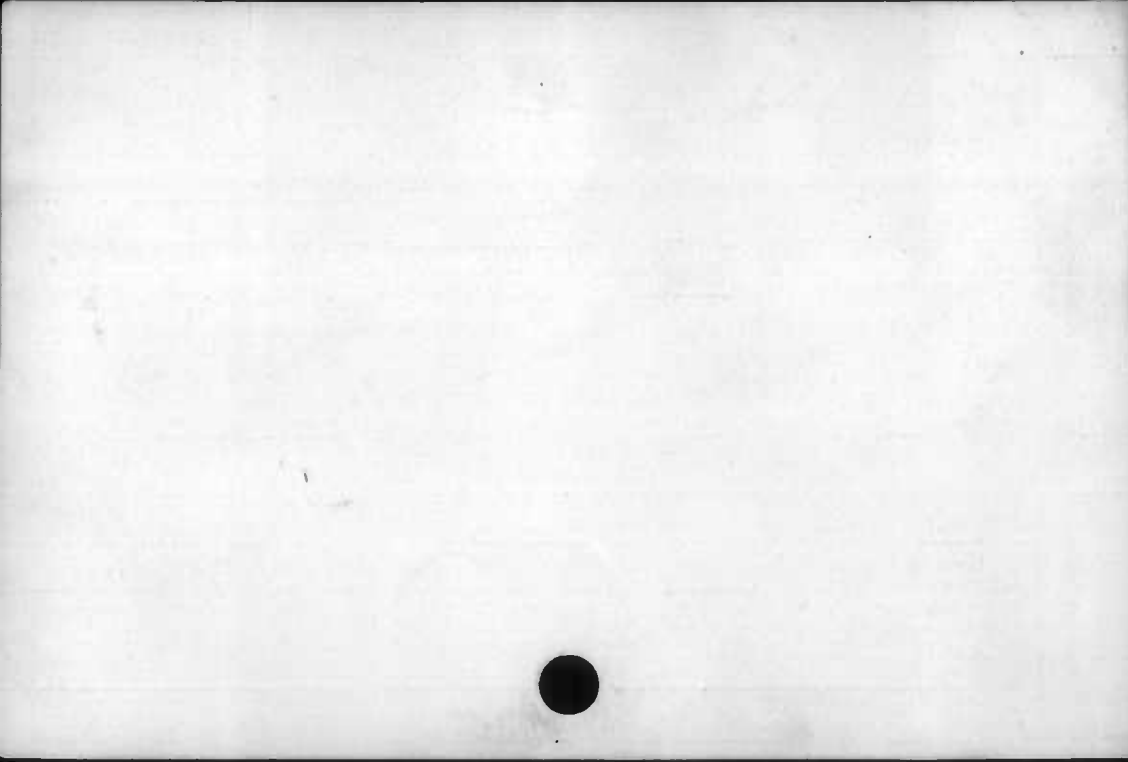
Died at		Town <i>Croom Sta</i>		County <i>Pr Geo</i>		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
<i>1909</i>		<i>April</i>	<i>16</i>	<i>39</i>			
Sex	Color or Race		Birth-place				
<i>Female</i>	<i>Colored</i>		<i>MD</i>				
Occupation			Where Residing if not at place of death				
<i>Housewife</i>							
Married, Single or Widowed		Name of Wife or Husband					
<i>Married</i>		<i>Andrew Stewart</i>					
Father's Name		Father's Birthplace					
<i>John Clark</i>		<i>MD</i>					
Mother's Maiden Name		Mother's Birthplace					
<i>Caroline</i>		<i>MD</i>					
Name of person giving Information		How related to deceased					
<i>Andrew Stewart</i>		<i>Husband</i>					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthisis</i>	How long	<i>about three</i>
Immediate	<i>Asthma</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Ed. H. Gibbons</i>	
		Address	
		<i>Croom MD</i>	
Accident or Suicide?			



Name
in
Full

Lillian May Stewart

CERTIFICATE OF DEATH

Died at *Capitol Heights* ^{Town}*Prince George's* ^{County}

MARYLAND

Date of death *1909* ^{Year} *April* ^{Month} *18* ^{Day}Age *7* ^{Years}

Months

Days

Sex *female*Color or Race *white*Birth-place *Md.*Occupation *infant*

Where Residing if not at place of death

Married, Single or Widowed *single*

Name of Wife or Husband

Father's Name *Henry I Stewart*Father's Birthplace *D.C.*Mother's Maiden Name *Lizzie Harrison*Mother's Birthplace *D.C.*Name of person giving information *Henry I Stewart*How related to deceased *father*

CAUSES OF DEATH

Primary *pneumonia*How long *3 dys.*Immediate *syncope*How long *6 hours*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

J M Brady
Kenilworth H.C.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Murdell
Gravestone
Penttoun Cemetery

Name
is
Full

Agnes E. Sweeney

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Capitol Heights</i> ^{Town}		<i>Prince Georges</i> ^{County}		MARYLAND	
Date of death	1909	Month	April	Day	17
Age	1	Years		Months	9
Sex	Female	Color or Race	white	Birth-place	W.C.
Occupation	Infant		Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband			
Father's Name	Chas L. Sweeney			Father's Birthplace	Md.
Mother's Maiden Name	Margaret M. Hilkestein			Mother's Birthplace	Md.
Name of person giving information	Chas L. Sweeney			How related to deceased	father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>pneumonia</i>	How long	3 days
Immediate	<i>syncope</i>	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. M. Brady	
		Address	
		Kendallville W. Va.	
Accident or Suicide?			

Joseph A. Repetto

Name
in
Full

William Thomas

CERTIFICATE OF DEATH

Died at ^{Town} Frostville ^{County} P. G. **MARYLAND**

Date of death 190 9 Month 4 Day 27 Age Years 7 Months 7 Days

Sex Male Color or Race Black Birth-place Md

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George Thomas Father's Birthplace Md

Mother's Maiden Name Emma Jackson Mother's Birthplace Md

Name of person giving Information George Thomas How related to deceased Father

CAUSES OF DEATH

Primary Measles How long 1 week

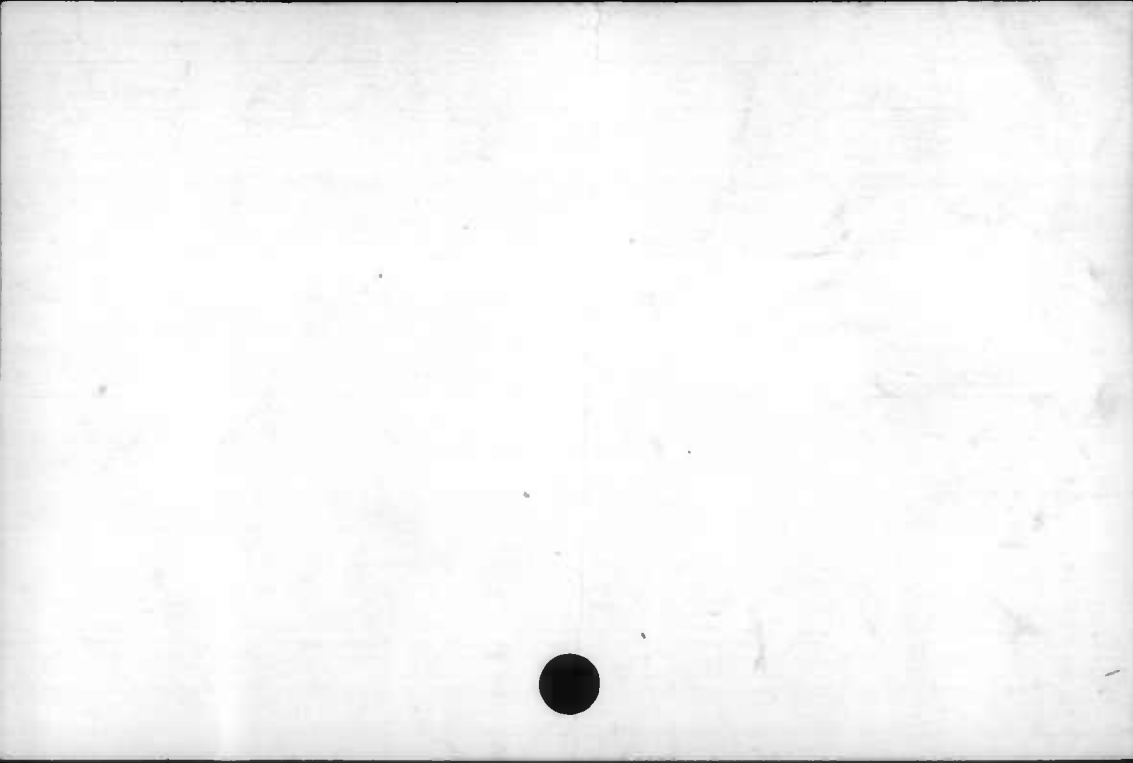
Immediate Bronchitis How long 1 week

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician John E. Sausbury

Address P. O. Frostville Md

Accident or Suicide neither

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Raymond Newarum Varnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Capitol Heights		Prince Georges		MARYLAND	
Date of death		1909	Apr.	22	Age	Years	Months
Sex		male		Color or Race		white -	
Occupation		infant		Birth-place		Md.	
Where Residing if not at place of death							
Married, Single or Widowed		single		Name of Wife or Husband			
Father's Name		Jessie Varnell				Father's Birthplace	
Mother's Maiden Name		Maud Temple				Mother's Birthplace	
Name of person giving information		Jessie Varnell				How related to deceased	
						father	

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	pneumonia	How long	3 days
Immediate	asphyxia	How long	1 hour
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J M Brady	
Address		Penikese Rd. S.	
Accident or Suicide?			

Day Mallet
Congressional Cemetery

Name
in
Full

Chas E. Walker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Ritchie ^{Town} P. es. ^{County}
Date of death 1909 ^{Month} 4 ^{Day} 17 ^{Years} 5-2 ^{Months} — ^{Days} —
Sex Male **Color or Race** White **Birth-place** Md
Occupation Farmer **Where Residing if not at place of death** —

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving Information

How related to deceased

CAUSES OF DEATH

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

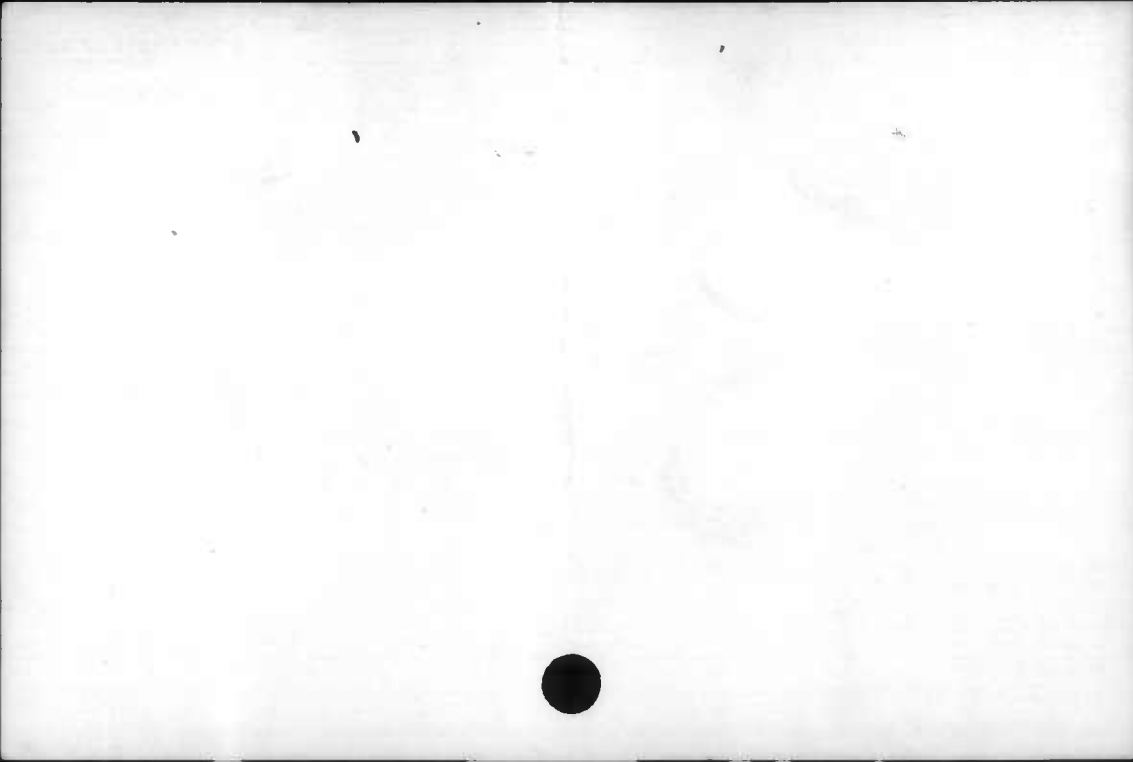
Signature of Physician

Address

Accident or Suicide

How long

How long



Name
in
Full

Blanche White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

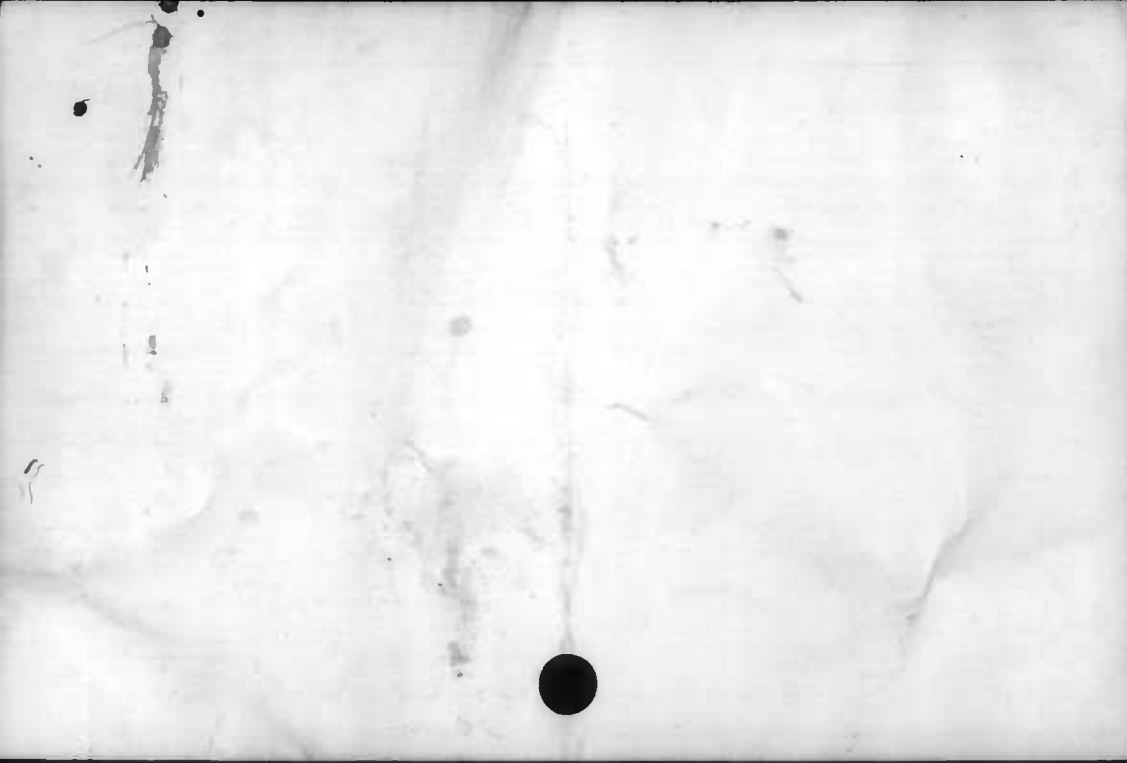
Died at <i>Bowie</i> Town		<i>P. H.</i> County			
Date of death <i>1909 April</i>		Day <i>14</i>	Years <i>20</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>P. H. Co. Ind.</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Edmond White</i>				
Father's Name <i>Frank Chittam</i>	Father's Birthplace <i>P. H. Co. Ind.</i>				
Mother's Maiden Name <i>Nancy Henry</i>	Mother's Birthplace <i>P. H. Co. Ind.</i>				
Name of person giving Information <i>Edmond White</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

140

PHYSICIAN
OR CORONER

Primary <i>Leban in child birth</i>	How long <i>Four days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm D. Wall</i>
	Address <i>Springfield Ind.</i>
Accident or Suicide <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

Virginia T. Wilkins
Town County

Died at Brentwood M.D. Pr. Co. MARYLAND

Date of death 1909 April 13 Age 55

Sex Female Color or Race Colored Birth-place Weldon N.C.

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Weldon Wilkins

Father's Name Tom Sandberg Father's Birthplace Weldon N.C.

Mother's Maiden Name dont know Mother's Birthplace " " " " "

Name of person giving Information William Wilkins How related to deceased Son

CAUSES OF DEATH

42

Primary Cancer of uterus How long 4 months

Immediate Exhaustion How long " " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician

Address

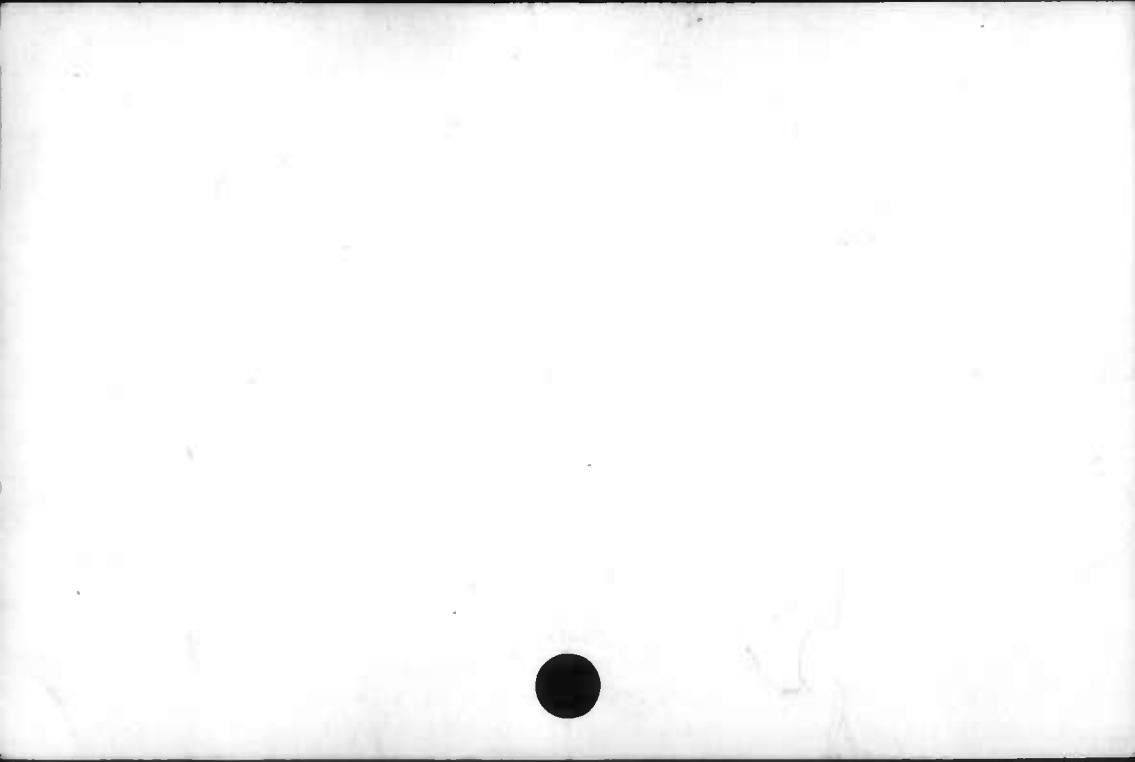
H. E. Willis
Hyattsville
D.C.

Accident or Suicide

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
is
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

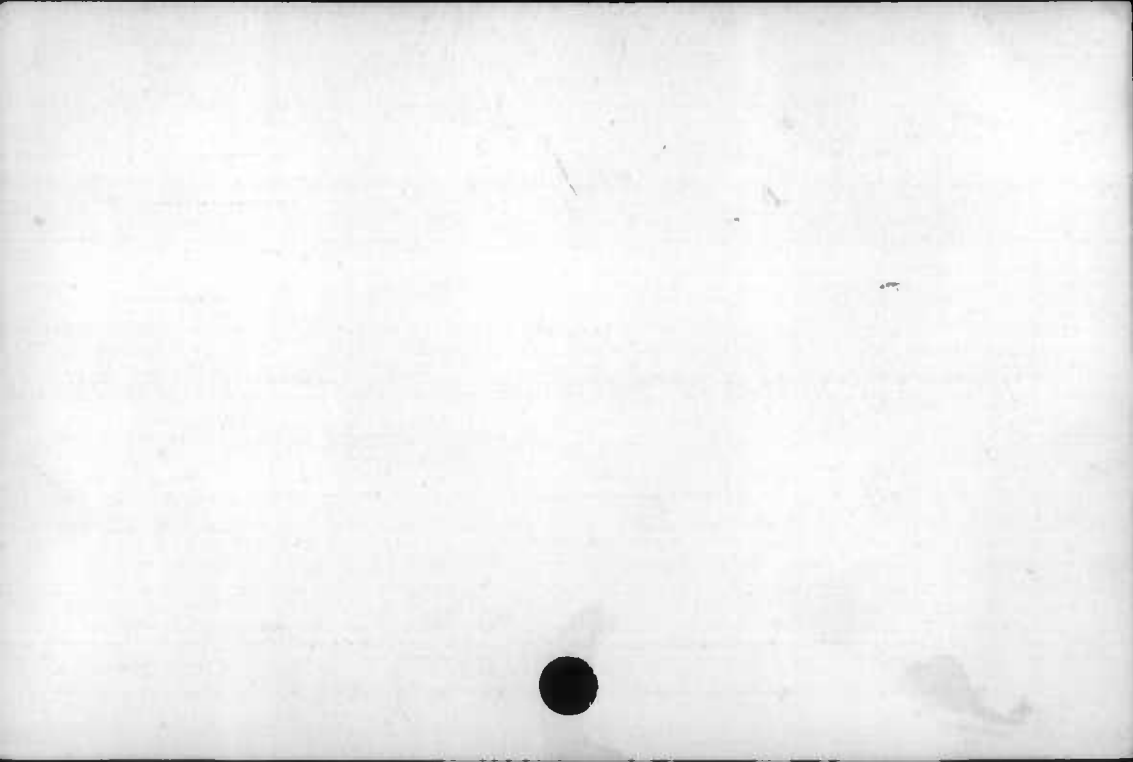
Died at <i>Glendale</i>		Town <i>Glendale</i>		County <i>P. G.</i>		State <i>MARYLAND</i>	
Date of death	<i>1909</i>	Month <i>April</i>	Day <i>21</i>	Age <i>5</i>	Years <i>5</i>	Months <i>10</i>	Days <i>14</i>
Sex <i>Female</i>	Color or Race <i>Black</i>			Birth-place <i>Glendale Md.</i>			
Occupation <i>None</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>-</i>			
Father's Name <i>George William</i>				Father's Birthplace <i>P. G. Co. Md.</i>			
Mother's Maiden Name <i>Bessie Hartman</i>				Mother's Birthplace <i>P. G. Co. Md.</i>			
Name of person giving information <i>George William</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Phthis Pulmonalis</i>	How long	<i>Several months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Wm. O. M.D.</i>	
<i>Yes</i>		Address <i>Springfield Md.</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

Robert Young

CERTIFICATE OF DEATH

Town

I.B.

County

Pr Gen

MARYLAND

Died at

Date

of death 1909

Month

4

Day

28

Years

Age 33

Months

Days

Sex

male

Color or
Race

Colored

Birth-
place

md

Occupation

Laborer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Agnes Medley

Father's
Name

Dennis Young

Father's
Birthplace

md

Mother's
Maiden Name

Celia Hall

Mother's
Birthplace

md

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

64

How long

Primary

Immediate

Cerebral Hemorrhage

How long

a few minutes

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

John A. Cor
I.B.
md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

